

IMPROVING HEALTHY BEHAVIORS PROGRAM IN INDIA

Task Order #AID-386-TO-11-00001 IHBP

Annual Report

October 1, 2013–September 30, 2014

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Abbreviations

ACSM	advocacy, communication, and social mobilization
AED	Academy for Educational Development
AH	adolescent health
AIDS	Acquired Immune Deficiency Syndrome
ANM	auxiliary nurse midwife
ASHA	accredited social health activist
AYUSH	Ayurveda, Yoga, Unani, Siddha, and Homeopathy
BCC	behavior change communication
BEE	block extension educator
BF	Bharti Foundation
CII	Confederation of Indian Industry
COE	Center of Excellence
CRM	Common Review Mission
CSR	corporate social responsibility
CTD	Central Tuberculosis Division
DAC	Department of AIDS Control
DHAP	District Health Action Plan
DPM	District Project Manager
DRG	Digital Resource Centre
EAG	Empowered Action Group
FHI 360	Family Health International
FLW	frontline worker
FP	family planning
GOI	Government of India
GV	Gram Vaani Community Media Private Ltd
HCP	health care provider
HE	health educator
HEE	health extension educator
HIV	human immunodeficiency virus
HMIS	health management and information system
HPD	high-priority district
ICDS	Integrated Child Development Services
ICT	information, communication, technology
IEC	information, education, and communication
IETS	IL&FS Education and Technology Services Ltd.
IHBP	Improving Healthy Behaviors Program
IMA	Indian Medical Association
IMRB	Indian Market Research Bureau International

INR	Indian Rupee
IPC	interpersonal communication
IQC	indefinite quantity contract
IR	intermediate result
IRB	Institutional Review Board
IVR	interactive voice response
JBF	Jubilant Bhartia Foundation
JHUCCP	Johns Hopkins University Center for Communication Programs
JS	Joint Secretary
JWT	J. Walter Thompson
M&E	monitoring and evaluation
MCH	maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MD	Mission Director
MH	maternal health
MIRA	Mobile Integrated Resource for Aurat
MOHFW	Ministry of Health and Family Welfare
MOU	memorandum of understanding
MOWCD	Ministry of Women and Child Development
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NACO	National AIDS Control Organization
NGO	nongovernmental organization
NHCRSC	National HIV/AIDS Communication Resource and Support Centre
NHM	National Health Mission
NIHFW	National Institute of Health and Family Welfare
NIPCCD	National Institute of Public Cooperation and Child Development
NRHM	National Rural Health Mission
NRP	Nutrition Resource Platform
ONA	organizational needs assessment
OR	operations research
PIP	Project Implementation Plan
PLHIV	people living with HIV
PopCouncil	Population Council
PPIUCD	postpartum intrauterine contraceptive device
PPTCT	prevention of parent-to-child transmission
PSI	Population Services International
RCH	Reproductive and Child Health
RH	reproductive health
RKSK	Rashtriya Kishor Swasthya Karyakram

RMNCH+A	reproductive, maternal, neonatal, and child health plus adolescents
RNTCP	Revised National TB Control Programme
S&D	stigma and discrimination
SACS	State AIDS Control Society
SBCC	social and behavior change communication
SHG	self-help group
SIECO	state IEC officers
SIHFW	State Institute of Health and Family Welfare
SMS	short message service
SOW	scope of work
SRI	Social and Rural Research Institute
TA	technical assistance
TB	tuberculosis
TNA	training needs assessment
TO	task order
TOT	training of trainers
TRG	technical review group
TVC	television commercial
UP	Uttar Pradesh
USAID	United States Agency for International Development
USG	United States Government
VBD	voluntary blood donation
WHO	World Health Organization

I. Introduction

This report documents activities, results, challenges, and lessons learned during the fourth year of implementation of the United States Agency for International Development (USAID)-funded task order (TO) for the Improving Healthy Behaviors Program (IHBP) in India. The report reflects the period from October 1, 2013 to September 30, 2014.

A. Background

In October 2010, USAID/India awarded a TO to the Academy for Educational Development (AED) to implement IHBP for a base period of three years with two, 1-year options. With Family Health International's (FHI 360) acquisition of AED in early 2011, the TO novated to FHI 360 in June 2011. FHI 360 is the prime contractor responsible for management and technical guidance of the project. FHI 360's subcontractors include the Population Council (PopCouncil), which is responsible for operations research (OR) and support to monitoring and evaluation (M&E) activities, and Population Services International (PSI), which supports social and behavior change communication (SBCC), mid-media, and interpersonal communication (IPC) activities.

The overall goal and approach of IHBP is to improve adoption of positive healthy behaviors through institutional and human resource capacity building of national and state institutions and through development of strong, evidence-based SBCC programs for government counterparts.

At the time of the TO award, in October 2010, the geographic focus of IHBP at the state level was Uttar Pradesh (UP), where the project was to cover 10 districts. With the amendment of USAID's Health Partnership Program Agreement with the Government of India (GOI) in September 2011, USAID instructed IHBP to focus its technical assistance (TA) at the national level with support to community mobilization and IPC activities in select pilot districts. After further discussions with GOI in 2013, USAID asked IHBP to close its UP office and instead provide TA to Empowered Action Group (EAG) states, and by end of Year 3, to focus on eight specific priority states.

In March 2013, USAID issued a change order revising the scope of work and extending the TO for an option period — October 1, 2013, to December 12, 2014 — based on the end date of the related indefinite quantity contract (IQC) Technical Assistance and Support Contract 3. The option year 4 work plan focused on only two of the four intermediate results (IRs) that IHBP focused on during the base period, Years 1–3, of the project. Those two IRs were:

IR 1: Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels

IR 2: Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels

In Year 4, IHBP continued to provide TA to develop national- and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based SBCC programs that would:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health

- Promote an environment where communities and key influencers supported positive health behaviors
- Reduce barriers of vulnerable populations — for example, women, people living with HIV (PLHIV), and tuberculosis (TB) patients — to demand and access health services

The project focuses on four program areas (called program elements in the TO): HIV/AIDS, family planning (FP)/reproductive health (RH), TB, and maternal and child health (MCH). TA focuses on strengthening institutions and human resource capacity for SBCC in the Ministry of Health and Family Welfare (MOHFW), including the National AIDS Control Organization (NACO), the Central Tuberculosis Division (CTD), and the National Institute of Health and Family Welfare (NIHFW), an MOHFW-affiliated training institution. IHBP is also supporting limited efforts to strengthen SBCC capacity in the Ministry of Women and Child Development (MOWCD) that will improve information and communication activities for child nutrition within its Integrated Child Development Services (ICDS) program.

B. Overview of Accomplishments

In Year 4, IHBP continued to build upon the accelerated activity and successes of the previous year and made efforts to consolidate the project's gains. The project established and nurtured strong working relationships with ministry partners and fully staffed all long-term consultancies within these institutions. IHBP's institutional strengthening activities were underway in the eight priority states by the end of Year 4, and IHBP completed or launched most SBCC campaigns and OR activities per the IHBP work plan. Some highlights are described below.

1. MOHFW – Information, Education, and Communication (IEC); FP; Maternal Health (MH); and Adolescent Divisions

IHBP provided full-time consultants to strengthen the connection between the IEC Division and the MOHFW's program divisions and successfully operationalized the recommendations from the most recent organizational needs assessment (ONA). IHBP published the SBCC curriculum and toolkit developed for SBCC training at national, state, and district levels and conducted IPC and SBCC training of auxiliary nurse midwife (ANM) supervisors, trainers, and IEC officers.

IHBP continued to assist MOHFW in finalizing and implementing its national-level campaigns. At the request of the FP and Adolescent Health (AH) divisions, IHBP completed campaigns for postpartum intrauterine contraceptive device (PPIUCD) promotion, menstrual hygiene, and lowering teenage pregnancy. The project conducted a national-level workshop on capacity building in communication for reproductive, maternal, neonatal, and child health plus adolescents (RMNCH+A). IHBP also assisted in the roll out of campaign materials to a number of states by holding state-level training workshops — including training of folk troupes — and by providing national- and state-specific media plans.

2. MOHFW – Central Tuberculosis Division (CTD)

IHBP continued to provide TA to the CTD to plan and implement advocacy, communication, and social mobilization (ACSM) activities. Over the last year, IHBP supported the program at two levels: 1) strengthening the policy parameters and tools at the national level by providing consultant support, supporting research, and developing strategy documents and training

modules for institutional capacity strengthening; and 2) looking at innovative areas of SBCC that could generate evidence for future programming.

3. MOHFW – NACO, formerly Department of AIDS Control (DAC)

IHBP provided support to NACO to strengthen technical capacity in SBCC by strategically setting up the National HIV/AIDS Communication Resource and Support Center (NHCRSC), a nodal institution comprising technical staff who have the ability to design, deliver, and evaluate SBCC campaign strategies and products and provide TA in SBCC to State AIDS Control Societies (SACS). IHBP placed these consultants in the IEC Division, the NHCRSC, and supported states to assist with developing annual action plans and implementing NACO's national-level campaigns at the state level. NHCRSC staff received SBCC training from IHBP. The program also worked closely with NHCRSC staff to strengthen competencies in M&E and contract/vendor management.

In Year 4, IHBP supported NACO by providing tools and implementing communication campaigns. IHBP completed two campaigns, one on prevention of parent-to-child transmission (PPTCT) of HIV and another on prevention of stigma and discrimination (S&D) by health care providers toward PLHIV. A central component of the S&D campaign was an Internet-based sub-campaign that advocated for doctors to practice equal care treatment of PLHIV and all patients. The campaign was launched July 1, 2014, coinciding with Doctor's Day. IHBP partnered with the Indian Medical Association (IMA) and MedAchivers.com to launch the campaign. Dr. Harsh Vardhan, Union Health Minister, launched the campaign and its website (www.heroesinwhite.com), and more than 100 doctors signed on to the campaign digitally at the campaign kick-off event.

4. MOWCD

In Year 4, IHBP continued to provide TA to MOWCD, embedding a consultant who provided technical support for information technology and marketing for the Nutrition Resource Platform (NRP). The NRP received a silver medal in the sector-specific category of health by the Department of Administrative Reforms and Governance, GOI, during the year.

5. Research and M&E

IHBP carried out a number of research activities in Year 4. These included desk research, audience consultations, and pretests for IHBP-developed communication campaigns for MOHFW, NACO, and CTD. In addition, PopCouncil conducted two previously delayed OR studies. For NACO, IHBP completed an evaluation study on voluntary blood donation, initiated two new evaluation studies on PPTCT and long-format programs, and conducted one baseline on S&D.

To build capacity of IEC/M&E staff at national and state levels working on communication programs, IHBP, with help from PopCouncil, developed an SBCC M&E module and facilitator's guide which was disseminated at one national-level and three state-level training workshops; the program trained a total of 85 government officials. IHBP also worked to develop and integrate SBCC indicators within the government M&E system in Haryana and Jharkhand.

6. Leveraging

The project continued with its endeavor to increase the development impact of private sector resources through public-private partnerships in health communication. IHBP signed a memorandum of understanding (MOU) with seven new organizations in 2014 — for a total of 12 partnerships — that enables those organizations to incorporate IHBP communication messages and strategies into their ongoing initiatives. The cumulative leverage in Year 4 from government sources and the private sector were \$5,644,483 million for the quarter and \$19,498,296 million cumulatively.

IHBP's accomplishments are described in greater detail under Section VI, Accomplishments in Year 4.

II. Project Management

This section details the period of October 1, 2013–September 30, 2014. Pursuant to the IHBP extension for the option period from October 1, 2013, to December 12, 2014, project management activities focused primarily on ensuring a smooth transition for staff, consultants, and project technical and support agencies in the option period and completion of overall project deliverables and those specific to the Year 4 work plan.

Some of the highlights for Year 4 in project management include:

- Work plan approvals
- Quarterly and annual report submissions
- IHBP task order modifications by USAID
- Extension of administrative and technical service contracts through the option period
- Extension of short-term and long-term GOI consultants through the option period and into Year 5 as required
- Subcontractor management and oversight
- Project staffing
- USAID evaluation planning and coordination

The following section provides more detail on the above highlights and other significant management and administrative activities completed during Year 4. The financial report for Year 4 will be sent as a separate document.

- IHBP submitted the annual work plan to USAID for review in September 2013. Based on inputs from USAID in October, IHBP revised the work plan and budget and submitted to USAID on November 12, 2013. USAID approved the final annual work plan on November 29, 2013.
- In September, USAID and FHI 360 signed Modification #5 to the task order, extending the project to December 2014. After signing the modification, FHI 360 requested changes to allow for more effective implementation. FHI 360 and USAID held discussions in October and November, resulting in a fully executed Amendment #6, signed and received from USAID on November 26, 2013. IHBP initiated necessary changes to existing policies and procedures and provided orientation to staff, consultants, and subcontractors.
- IHBP submitted the Year 3 annual report (October 1, 2012–September 30, 2013), including the award monitoring plan and financial report, on time to USAID on October 31, 2013. Other reports submitted included training reports and the annual U.S. President’s Emergency Plan for AIDS Relief report. IHBP submitted detailed quarterly progress report and quarterly newsletters on project deliverables for all quarters to USAID per the required timeline.
- Program staff conducted periodic strategic review meetings during the year to review progress on key project deliverables with USAID, PSI, PopCouncil, and all consultants.
- Staff conducted strategic work planning meetings with regular frequency to plan and ensure progress on key deliverables.

- USAID approved additional positions in the project organogram along with approval of the Year 4 work plan. During Q1, management focused on replacing several finance and administrative positions to assist with then current and upcoming logistical needs for travel, workshops, and financial and process documentation.
- At the beginning of Year 4, the project filled most of the technical full-time positions at the state level. The project hired a Technical Expert – Health Communication for Chhattisgarh, a Technical Expert – Capacity Building for Jharkhand, and a Technical Expert – M&E for Rajasthan. USAID also approved two positions (Technical Expert – M&E Rajasthan and Technical Expert M&E Uttarakhand) hired by PopCouncil and PSI.
- In mid-April, 2014, Ms. Tara A Sharma replaced Dr. Rita Leavell as Chief of Party (COP). At that time, Mr. Sunil Verma assumed the role of DCOP in place of Ms. Tara A Sharma.
- With the ongoing challenge posed by the project's short remaining duration, project management focused on hiring and replacing several approved technical positions to assist with key project deliverables and project documentation. Management replaced Sr. Advisor – Knowledge Management on May 1, 2014. In the second quarter, a Technical Expert – Health Communication (Punjab), a Technical Expert – Capacity Building (Haryana), and a Technical Expert – Capacity Building (Uttarakhand) joined to assist in important state level activities.
- Near the end of quarters 3 and 4, offers from longer-term projects caused some staff losses due to the limited remaining duration of IHBP. During the fourth quarter, DCOP Mr. Sunil Verma resigned from his position. A Technical Expert – M&E, in Haryana and an Administrative Associate in Delhi resigned during the same time.
- Based on the extension of the project for the option period, IHBP/FHI 360 renewed contracts at current fee levels for ongoing full- and part-time consultants. IHBP extended long-term consultants placed with GOI through September 2014 and subsequently into Year 5. IHBP also placed new long-term and short term consultants to support the GOI in conducting SBCC activities (see list of the consultants – Annex II) during the year. To effectively discharge its commitments as per the Plans of Action agreed to with MOHFW and NACO, IHBP recruited and placed additional consultants in the fourth quarter:
 - Four consultants – Social Media Manager, Regional Communication Officer (Maharashtra), Consultant New Media, and Technical Consultant Health Communication Strategy (short term).
- During the fourth quarter, the National Coordinator (NACO) and Consultant SBCC Capacity Building (MOHFW) resigned.
- FHI 360 continued to provide oversight and management of subcontractors PopCouncil and PSI by way of periodic meetings and extended their contracts through the option period and then subsequently through November 14, 2014. FHI 360 oversight focused specifically on PopCouncil's completion of one OR (mobile messages) activity that began in September 2013 and a second OR activity (self-help groups, or SHGs) that still required Institutional Review Board (IRB) approval and a final protocol at the beginning of the year. Other deliverables included assignment of two full-time M&E technical experts in Uttarakhand and Rajasthan. PopCouncil was also responsible for finalizing a module for M&E of SBCC.

For PSI, oversight focused on completing a pilot activity with an mHealth training of Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) providers and chemists in two districts of Haryana, as related to diagnosis and treatment of TB. PSI was also responsible for assisting stakeholders with development of the urban ACSM strategy and with production of a small TB campaign for CTD for World TB Day in March 2014. IHBP submitted the necessary documentation to USAID for the approval of five medical detailer positions hired by PSI for the TB mHealth campaign, and USAID approved the positions and candidates.

- IHBP extended or procured services from research, creative, and other technical agencies to assist IHBP in completing Year 4 work plan deliverables and other project deliverables.
 - During the year, IHBP initiated several activities under the TOs under the research and creative IQCs, including:
 - Campaign development in support of menstrual hygiene, PPTCT, PPIUCD, S&D, youth, HIV/TB, and teenage pregnancy campaigns. Under these task orders, IHBP developed creative concepts and media in coordination with GOI, MOHFW.
 - Multiple TOs for research activities including desk reviews, audience consultations, and pretesting for the above-mentioned campaigns; mid-term capacity assessments in states; a Punjab ONA; a Project Implementation Plan (PIP) analysis; recall studies; and a S&D study.
 - IHBP issued, competed, and procured several new requests including:
 - Sreshta Communications – media plans for FP and MH campaigns
 - Hexolabs – mobile interactive voice response (IVR) training
 - Design Collective Media and Communication – menstrual hygiene music video development
 - Games for Change – mobile game adaptation
 - Span Communications – social media campaign for S&D
 - CMGRP (India) Pvt. Ltd – leveraging public relations (PR)
 - Saarthak Development and Business Solutions Pvt. Ltd. – state health communication strategies
 - Project management also issued several requests for quotes to support project operations including taxi, travel, hotel bookings, printing, translation services, dubbing and adaptation for media, and event support.
- USAID, PSI, and PopCouncil conducted a pre-evaluation review meeting in April 2014 to facilitate an effective project evaluation. The management team facilitated the final project evaluation by USAID. The evaluators shared a presentation with the IHBP team. The report is still pending.
- FHI 360 completed its internal audit for the preceding year January 22–24, 2014. Auditors submitted the final report with no major observations, and management submitted their response to implement the audit recommendations. IHBP submitted an action taken report based on the audit recommendations of the FHI 360 internal audit.
- The IHBP headquarters team provided management and technical support and input to the project throughout Year 4. Headquarters provided short-term TA/international expertise for M&E and research; knowledge management; information, communication, technologies (ICT); technical areas of SBCC related to MH/FP/TB/HIV; SBCC training; the SBCC toolkit as specified in the work plan;

budget; leveraging; and on as-needed based on discussion and agreement with USAID.

- During the last quarter of 2014, Technical Advisor/Project Director Ms. Kara Tureski visited IHBP India to provide technical assistance for program activities and for close out planning. During her visit, she discussed and provided plans for smooth staff transitions post-IHBP.

An overview of international short-term technical assistance trips conducted by IHBP headquarters' team conducted with USAID concurrence over the past year includes:

Sl. No	Name of the Visitor	Nationality	Purpose of Visit	Designation/Profession	Date of Visit
1	Kara Tureski	American	To provide TA to IHBP and stake holders across program areas.	HQ – Technical Advisor/Project Director	Sept 21–Oct 4, 2013
2	Kara Tureski	American	To provide management and technical support across program activities and conduct planning with senior management and USAID related to senior staff transitions.	HQ – Technical Advisor/Project Director	Jan 10–24, 2014
3	Pam McCarthy	American	To provide training and support to IHBP team and research partner Social and Rural Research Institute (SRI) on conducting an audience consultation for the delay in age of marriage/delay in first child campaigns and give a presentation at USAID.	Consultant	Jan 17–Feb 1, 2014

4	Dr. Orlando Hernandez	American	To participate in IHBP's data indicator workshop the week of March 17 and provide technical assistance and quality oversight to IHBP subcontractor Population Council on their implementation of two OR projects.	HQ – M&E Senior Specialist	March 15–28, 2014
5	Kara Tureski	American	To provide management and technical assistance across program areas, including program close out and staff transitions.	HQ – Technical Advisor/Project Director	Sept 19–26, 2014

III. IHBP Implementation Focus in Year 4

In Year 4, IHBP focused on strengthening its partnerships and the capacity of government counterparts in SBCC and completing implementation of plans developed in Year 3. Some highlights include the following:

- Provide TA to government counterparts at national and state levels on designing, implementing, and monitoring strategic communication programs and campaigns.
- Finalized and disseminated key reports including monographs on good practices for FP, MCH, HIV/AIDS and TB; ONA studies reports for MOHFW and MOWCD; process documentation reports on setting up national resource centers for MOWCD and NACO; research reports on various M&E activities including retest reports, capacity assessment of states, and two OR studies conducted by PopCouncil; SBCC curriculum and toolkit and its adaptations for NACO; ACSM handbook, urban health strategy, health communication strategy, and media resource toolkit and book.
- Supported and mentored the NHCRSC within NACO to provide TA to SACS to design, develop, and evaluate SBCC campaigns and operationalize the Digital Resource Centre (DRC).
- Continued supporting the development and implementation of national-level integrated SBCC campaigns including conducting and developing situational analyses, audience consultations, strategic frameworks, prototype communication materials, and implementation and media plans.
- Collaborated with government training counterparts such as NIHFWS to develop and integrate evidence-based SBCC in training modules, job aids, and training programs.
- Provided TA to maintain the MOWCD's NRP, which the government will budget for and take over.

Gender Focus

IHBP develops all campaigns with gender equity and empowerment in mind. The program holds audience consultations with key audiences as part of the material development processes and pretests all materials with both male and female audience groups before production. As part of concept development and pretesting, IHBP ensures that materials and messages are comprehended, liked, and acceptable. This includes looking at the findings through a gender lens. Materials are also reviewed internally within IHBP and by stakeholders to ensure gender inclusiveness when appropriate and that the content and messages are positive and do not promote gender stereotyping in any way.

Campaigns on FP and MH which convey messages primarily for women are designed to address couples rather than just women and to promote male responsibility in matters concerning the health of mother and child. Male involvement in the family's health issues will lead to a dialogue between spouses and contribute to gender balance or equity at the household level. Couples, therefore, become key audiences in these campaigns.

IHBP analyzes the roles of both men and women as audiences and potential communication channels as part of a socio-ecological framework for change. For effective roll out of the campaigns, orientation and training workshops and folk media groups and their trainings encourage participation from men and women.

During capacity building initiatives, IHBP encourages participation of female trainees at all levels. Program staff listen to, consider, and document women's perspectives on the issues discussed in the workshop for better understanding. They conduct advocacy with national- and state-level authorities on gender considerations when designing communication activities and create opportunities that allow equal participation.

IV. Accomplishments by IRs

A. MOHFW

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 IHBP Mandated to Lead Capacity Building on RMNCH+A Communication

MOHFW identified IHBP as a key resource for capacity building in IEC at national and state levels and requested its partnership to develop the strategic framework for SBCC under the RMNCH+A umbrella.

Reproductive and Child Health (RCH) National Level Workshop: IHBP, in collaboration with the RCH Division of the MOHFW, organized a national-level workshop in December 2013 on “Capacity Development on Communication.” During this workshop, 32 IEC officers, state program managers, and nodal officers from 12 states (Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Jharkhand, Odisha, Punjab, Rajasthan, UP, and Uttarakhand) received an orientation on using communication campaign materials at the national, state and sub-state levels; developing state-level communication plans; and preparing roll-out strategies.

In his opening address, Dr. Rakesh Kumar, Joint Secretary (JS) RCH, MOHFW, said the workshop was “a first of its kind.” Participants received an orientation to SBCC using an example from the IHBP PPIUCD communication campaign. The workshop, supported by USAID, included a session on budgeting and developing state-level communication plans for inclusion in state PIPs. A highlight of the workshop was a performance by a street theater group demonstrating the use of mid-media to promote PPIUCD as a spacing method. RMNCH+A partners ASSIST, BBC Media Action, JHPIEGO, Maternal and Child Health Integrated Program (MCHIP), PATH, and the United Nation Children’s Fund (UNICEF) also attended the workshop.

M&E Indicators Workshop: In March 2014, IHBP and PopCouncil organized a one-day consultation in New Delhi to discuss and explore SBCC indicators for health programming in India. More than 60 people participated, including senior officials from MOHFW; National Health Mission (NHM) officials from Haryana, Rajasthan, and Chhattisgarh; representatives from USAID and UNICEF; and colleagues from the development sector. The consultation focused on three broad themes: IEC/SBCC indicators for evaluation (for example, surveys), IEC/SBCC indicators for monitoring (for example, in the health management and information system or HMIS), and a plenary session on various methodological issues in measuring SBCC indicators. A small advisory panel will review the results of the consultation and develop a set of potential SBCC indicators to be proposed to MOHFW for use in HMIS and national and state health surveys.

National Communication Workshop: MOHFW, along with UNICEF, organized a two-day national communication workshop on RMNCH+A March 13–14 at Bhubaneswar, Odisha. MOHFW designed the workshop — attended by over 120 participants from the government, the development sector, and nongovernmental organizations (NGOs) from around 25 states and Union Territories —to orient participants on the strategic approach in the new IEC/SBCC PIP guidance note to advance RMNCH+A results, familiarize the participants with a wide range of best practices in SBCC including digital communication, and validate and develop

draft state IEC/SBCC PIPs for RMNCH+A. Technical experts from IHBP presented sessions on development of integrated communication plans using the 360-degree approach aligned with the 5x5 RMNCH+A matrix, M&E framework, and indicators for SBCC. IHBP also facilitated a group activity session on SBCC PIP preparation in which state participants received an orientation on key elements to consider when preparing PIPs.

1.2 Provided Technical Support to MOHFW

IHBP placed consultants in the IEC and RCH Divisions of MOHFW at the request of the ministry. These consultants were effective in providing support for capacity building, M&E, planning and coordination, mass media planning, PIP review, and new media initiatives. IHBP consultants were instrumental in strengthening the connection between the IEC Division and MOHFW's program divisions and in developing structured job descriptions and deliverables for the IEC/SBCC cell.

1.3 Strengthened Communication Component in NHM PIPs

At the request of the Mission Director (MD) of NHM, IHBP assisted in the development and review of IEC planning and budget requests (PIPs) for all states, providing IHBP the opportunity to influence funding of SBCC activities going forward. During the year, IHBP consultants, under the supervision of IHBP Delhi's office, developed a PIP guidance note for preparing the SBCC chapter of NHM PIPs which emphasized the need for a communication strategy for states, the use of mid-media, and for communication tools and IPC training for frontline workers (FLWs). The note emphasized development of an evidence-based plan which includes situation analyses and audience segmentation. It provided a scope for innovative tools and techniques for greater audience reach and aimed to aid states in preparing evidence-based SBCC PIPs and receiving timely approvals. MOHFW endorsed this guidance note and incorporated it in NHM guidelines they sent to states to develop PIPs in April and May 2014. At the same time, IHBP developed a standard operating procedure for appraising state PIPs that was used to review and analyze the SBCC sections of state NHM PIPs.

1.4 Developed NIHFW as Center of Excellence (COE) for Capacity Building in SBCC

IHBP continued to support the development of a COE at NIHFW by placing a short-term consultant to promote use of the existing Public Health Museum, which is actually a communication material repository on public health. This support is a part of an MOU signed between NIHFW and IHBP in December 2013. The MOU details the project's partnership with NIHFW to strengthen its SBCC capacity and help it evolve as a national COE in SBCC capacity building and was renewed and extended until October 2014. IHBP and NIHFW agreed to support the design and development of state-of-the-art SBCC training and learning materials for SBCC courses, and support developing State Institutes of Health and Family Welfare (SIHFWs) as training resource centers for SBCC

Per the MOU, IHBP and NIHFW organized a national-level workshop on SBCC January 6–11, 2014, at NIHFW. Participants included health educators, district education and media officers, medical officers, public health nurses, and SBCC officers from 12 states. They all received training from the SBCC curriculum developed by IHBP.

1.5 Supported Other MOHFW Initiatives

MOHFW adopted and endorsed the SBCC curriculum and toolkit developed by IHBP in Year 3. IHBP developed the SBCC curriculum to orient state IEC officers (SIECOs) and FLWs, who oversee SBCC campaigns and programs. The goal of this training is to increase their understanding and application of SBCC processes and principles to strengthen their ability to plan, design, implement, monitor, and evaluate SBCC programs. NIHFW, the key training institution for the curriculum and toolkit, took them forward as a part of its regular capacity building program for state IEC nodal officers as explained above.

Three IHBP staff and one consultant from MOHFW were invited to the seventh Common Review Mission (CRM), from December 8 to December 15, 2013. As part of the CRM teams, IHBP staff visited three states — Maharashtra, Himachal Pradesh, and Arunachal Pradesh — and provided input on the progress of IEC/SBCC under NRHM, gaps in implementation, recommendations to close those gaps, and challenges. IHBP staff supported the CRM team in drafting and presenting the findings to states during the debriefing and in preparing the final state reports.

1.6 Conducted M&E Training for SBCC

To build capacity of IEC/M&E staff at national and state levels in applying M&E to communication IHBP, with the help from PopCouncil, designed and developed an SBCC M&E module and facilitator's guide. NIHFW used this training during a 3-day national level workshop held in November 2013. It was also used in three state-level training workshops. As a result, 85 government officials received training. Details of these state-level workshops follow.

Chhattisgarh: PopCouncil, with support from IHBP, organized a 2-day training workshop on M&E of IEC/SBCC in Raipur, Chhattisgarh, on February 6 and 7, 2014. More than 30 officials from the state government participated in the workshop. Participants included master trainers, state program M&E officers and managers, district-level officials, and supervisors whose main job was to monitor IEC/SBCC interventions in their geographic area of work.

Rajasthan: PopCouncil, with support from IHBP, organized a 2-day training workshop on M&E on SBCC in Jaipur, Rajasthan, May 20–21. More than 35 officials from the state government participated in the workshop. Participants included state program M&E officers and district-level officials from all districts in Rajasthan whose main job is to monitor SBCC interventions in their geographical area of work.

Jharkhand: IHBP organized another 2-day training workshop, May 28–29, in Ranchi, Jharkhand, on M&E of SBCC. Eight state-level officials and 22 district-level officials (District Data Managers) participated in the workshop. PopCouncil co-facilitated the workshop.

Delhi: IHBP, with support from PopCouncil, hosted a 2-day training workshop, July 22–24, in the Indian Habitat Center in Delhi. M&E consultants and IEC officers under National Health Mission officers from seven states (Chhattisgarh, Jharkhand, Haryana, Delhi, Punjab, Uttarakhand and Rajasthan), IHBP state staff, and representatives from UNICEF and USAID attended the event.

1.7 Provided SBCC TA to States

In Year 4, IHBP placed state-based technical experts in all eight IHBP states — Jharkhand, Rajasthan, Uttarakhand, Chhattisgarh, Haryana, Punjab, Delhi and Himachal Pradesh — to assist them in capacity building, improved budgeting, and roll out of SBCC RMNCH+A campaigns at the grassroots level.

With assistance from embedded IHBP state staff, all eight states developed SBCC PIPs based on the MOHFW SBCC guidance note, which was prepared by IHBP's Delhi Office. The IHBP state team assisted MOHFW by providing a proper rationale for each activity proposed and a corresponding budget with prescribed details.

Through IHBP TA, SBCC approved budgets for 2014-2015 in IHBP states saw an increase of 3,762.94 lakhs — a 175% increase from the prior year. More information is available in the table below).

State	2013–2014 Approved SBCC Budget (Indian Rupee [INR], Lakhs)	2014–2015 Approved SBCC Budget (INR Lakhs)	Percent Increase
Chhattisgarh	514.61	508.86	(1)
Delhi	221.46	319.53	44
Haryana	172.02	592.45	244
Himachal Pradesh	56.00	225.24	302
Jharkhand	226.07	744.95	230
Punjab	278.60	500.34	80
Rajasthan	418.04	2,489.20	495
Uttarakhand	265.00	534.17	102
Total	2,151.80	5,914.74	175

IHBP's staff in the eight states also assisted in the roll out of 360-degree communication campaigns in their states, as well as in other non-project states like Odisha, Gujarat, Assam, UP, and Bihar.

Rajasthan

In response to the state request to establish a technical unit for communication for the state, IHBP placed three staff in Rajasthan. The staff provided assistance in health communication, capacity building, and M&E (PopCouncil staff). Specifically, they provided assistance through the following activities:

- Capacity Strengthening, Training, and Workshops:
 - Organized a 1-day orientation of state and district IEC officers and development partners on IHBP's role and responsibilities.
 - Collaborated with Rajasthan and its SIHFW to integrate the "SBCC Curriculum and Toolkit" into its existing training package on health communication.
 - Organized a follow-up workshop on SBCC for district IEC officers, March 11–12, 2014, at Jaipur.
 - Assisted with the formation of a State Technical Working Group to strengthen communication programming.
 - Participated in a consultation meeting on SBCC strengthening organized by UNICEF and SIHFW.
 - Supported Rajasthan's SIHFW to conduct a capacity assessment for SBCC strengthening.
- PIP TA:
 - Provided technical inputs to strengthen the communication section in the state PIP.
 - Developed a concept note on IPC strengthening for FHWs in Rajasthan and shared it with the concerned officials.
- SBCC TA and Outcomes:
 - Provided TA to the SBCC strategy document and preventive health care document submitted to the state for Vision 2020.
 - Prepared a work plan for AH.
 - Supported NHM at the 3-day residential camp, January 19–21, 2014, organized by Rajasthan Rajya Bharat Scout and Guide at Pushkar, Ajmer, where the organization briefed ASHAs on the MH campaign and MH campaign materials. NHM distributed approximately 800 leaflets and 600 booklets (developed by IHBP) to adolescent girls.
 - Participated in the launch of the Rashtriya Bal Swasthya Karyakram (a government program for child health screening) on May 22. On International Menstrual Hygiene Day, May 28, displayed IHBP materials and leaflets on menstrual hygiene and distributed advocacy booklets on menstrual hygiene to 80 participants.

Haryana

IHBP placed two technical experts for capacity building and M&E in the state. During the year, they organized and conducted several trainings, contributed a capacity building plan for the SBCC PIP, and provided mentoring to SBCC consultants within the state to develop their capacity for communication planning and implementation. IHBP conducted a number of training and capacity strengthening activities within the state. In summary, these have included:

- Training Needs Assessment (TNA):
 - Conducted a training needs assessment (TNA) of FHWs to identify training needs at different levels in the current framework of the SBCC Division of NHM. The TNA mapped skills of health workers, gaps in knowledge and skills, and inputs required to address the gaps. It formed the basis for the

development of the SBCC training and capacity-building plan for the SBCC PIP for the state for 2014 to 2015. IHBP submitted the TNA report to the state.

- Training of Trainers (TOT):
 - NRHM Haryana organized a TOT on SBCC and IPC for 24 district ASHA coordinators and block extension educators (BEEs) from 10 districts at SIHFW in Chandigarh with technical support from IHBP from October 23 to 26. The TOT intended to enhance the IPC and counseling skills of ASHAs. As a follow on to the TOT, IHBP staff visited Rohtak, Faridabad, Sirsa, and Panchkula districts on November 8 and 9, 2013, to provide monitoring support to the roll out of the training at the district level. They developed a monitoring format and offered it to district staff to facilitate the monitoring of training quality.
 - Held a TOT on SBCC for ANM supervisors June 26–28 at SIHFW, Panchkula. The TOT used the IPC module to increase the understanding and capacity of ANM trainers to help ANMs in using SBCC in their day-to-day work. The training was useful in enhancing the ANMs' communication skills for client interactions, advocacy, and social mobilization at the community level.
- IPC Trainings for FHWs:
 - Facilitated IPC trainings for ASHAs May 12–13 in Mewat, a high priority district, as part of the ASHA capacity-building program. This was in support of the local Rehbare Salaamti Project, specially designed for Mewat with the support of Pathfinder, a partner organization.
 - Supported the state's SBCC Division to build capacity of ANM supervisors on SBCC and IPC. Carried out a 3-day training program at SIHFW, Haryana, for this purpose.
 - Supported a training for staff nurses on IPC in SIHFW, Haryana. The training, attended by 31 staff nurses from 18 districts of the state, intended to develop staff nurses' understanding of IPC and SBCC and improve their knowledge and capacity to use these skills in day-to-day work.
- SBCC Trainings:
 - Facilitated a 5-day training on SBCC from April 16 to 20 for staff of the government of Haryana. Conducted the training for six District Family Welfare Education Officers and 15 BEEs. This training intended to strengthen the capacities of BEEs who will be in charge of SBCC implementation in the district. The IHBP team extended support to the SBCC team to develop an annual training calendar to streamline the capacity development of state- and district-level staff.
 - Facilitated a session on SBCC in January for 21 members of the state's community processes team. The IHBP capacity building expert presented a session on SBCC during the March 10 training of Referral Transport Quality Monitoring officers from 21 districts at Panchkula.

In addition, IHBP provided TA to the state in M&E. This included developing a set of SBCC indicators to include in the concurrent evaluation system. Additionally, IHBP developed a

questionnaire on media habits to be used for concurrent evaluation. The IHBP Haryana team also created a set of sub-center checklists to be used by state teams for supportive supervision visits to districts.

Jharkhand

IHBP placed three technical experts in the state for capacity building, M&E, and health communication. The team achieved excellent results in supporting the state on SBCC and reviewed and worked with the capacity-building programs run by the state and other development partners related to SBCC. Specific areas of TA included:

- PIP TA:
 - Supported Jharkhand state in December 2013 to conduct a workshop to develop the state PIP with state and districts IEC officers and other development partners.
 - Extended support in preparing the PIP for 2014–2017, with a specific monitoring plan. The state included the campaigns developed by IHBP in these upcoming PIPs.
- Capacity Strengthening, Training, and Workshops:
 - Organized a 2-day follow up workshop on SBCC training on March 27 and 28, 2014 at the Institute of Public Health in Ranchi. Thirty-five participants attended the workshop. The closing session was chaired by MD–JRHMS, where he requested Health educators (HEs) and BEEs be more proactive and be part of district IEC/SBCC activities. He also stressed the importance of trainings to enhance the capacity of previously underutilized officials.
 - Organized a 2-day capacity building workshop on IPC using IHBP's module in collaboration with the state IEC Bureau and Village Sahiyya Resource Centre. The District Project Coordinators, who are responsible for coordinating *Sahiyya* (ASHA) programs in the districts, and selected state trainers' team members participated in the training workshop.
- SBCC and M&E TA:
 - Supported the hosting of 360-degree IHBP campaigns on RMNCH+A issues on the Jharkhand Rural Health Mission Society's website.
 - Launched the 360-degree campaign materials on MH at the state level on March 7, 2014. Trained district officials to develop a mid-media plan for unspent budget from previous financial years and to use MH materials across districts. Districts have adapted these for implementation.
 - Prepared an M&E framework to monitor implementation and developed reporting formats to track the accomplishment of activities against the plan. Updated the planned activity regularly in management information system developed for SBCC by state IEC/SBCC bureau members.
 - Provided support to HEs and BEEs to better document activities and maintain data.

Uttarakhand

IHBP agreed to proposed TA for the state in November 2013 and appointed one technical M&E expert hired by PopCouncil to support them. Other specific areas of assistance included:

- Capacity Strengthening, Training, and Workshops:
 - Conducted a 5-day SBCC training February 17–21, 2014, at NIHF in Delhi for Uttarakhand officials. IHBP shared the reasons to develop an SBCC strategy and the importance of a 360-degree communication campaign. The District Project Manager (DPM), SIECO, and 25 assistant chief medical officers attended the training.
 - Conducted planning to roll out a “cascade training” on effective communication for district-level health officials (master trainers) to better share learning across the state. Follow-up trainings will help AHSA supervisors and AHSAs to communicate better, with special emphasis on high-priority districts (HPDs) and promoting ANMs and ASHAs to provide quality care to women and children.
- SBCC TA and Outcomes: Conducted follow up on the second round of MH/FP campaign implementation in the state (IHBP provided campaign materials in Year 3.) Uttarakhand had used the IHBP-supported media plan previously and once again rolled out a MH communication campaign from September 24, 2013, to October 23, 2013, using TV, radio, and scroll boards at facilities, outpatient department areas, and bus panels.

Chhattisgarh

The IHBP team continued to provide TA to the state in Year 4. Specific assistance included:

- PIP TA:
 - Advocated for state government funding to hold a 2-day workshop on communication PIP planning. The IEC Bureau of the Chhattisgarh State Health Society organized this workshop was organized November 22–23, 2013, at Raipur. The main objective was to improve the understanding and capacity of district-level- and sub-district-level officials who will develop action plans for their districts from which the state will prepare its PIP for communication. Fifty participants from 27 districts attended the workshop. This workshop was funded entirely by the state government.

The workshop covered several modules and practical sessions — including those from the SBCC framework — principles of SBCC, and various forms of communication and their characteristics. It also allowed for the sharing of SBCC training experiences by NIHF participants who attended training in the previous quarter. Participants conducted a situation analysis of the districts and a SWOT (strengths-weaknesses-opportunities-threats) analysis of earlier IEC plans and, based on these analyses, developed district plans for SBCC.

- Continued support to Chhattisgarh’s IEC Bureau to finalize the state PIP and submit it on time to the Central Government. IHBP will provide support to implement activities proposed in the PIP once the state receives the record of proceedings.

- Capacity Strengthening, Training, and Workshops:
 - Held a follow-up workshop on SBCC for 15 IEC state officers on February 25 and 26, 2014, at Raipur. The participants at the workshop revisited what they learned in an earlier SBCC workshop conducted in November 2013, discussed how it benefitted them in their work, identified the barriers they faced while implementing the strategies at the grassroots level, and discussed possible solutions. Projective techniques proved to be an innovative way of eliciting responses from other participants.
 - Reviewed the state's Capacity Assessment Report and presented its current status to the state. The review helped the state to understand the gaps in the IEC section and gaps that have been overcome with assistance from IHBP.
 - Organized a workshop on M&E for state- and district-level staff in collaboration with PopCouncil on February 6 and 7, 2014.
 - IHBP organized training on pretesting in August and a training workshop on M&E of SBCC programs for state officers at Delhi.

- SBCC TA and Outcomes:
 - Continued to help the state adopt a 360-degree approach in communication planning and undertake a campaign on intensified diarrhea control. The IHBP Delhi office helped the state to design a communication strategy and develop materials to support immunization campaigns.
 - Launched the menstrual hygiene campaign in the state in August 2014 with the involvement of the Chief Medical Officers of the districts, DPMs, and Media Officers.
 - Supported the state IEC Bureau to develop a calendar of activities with other IEC programs. The calendar lists special days, weeks, and months for health observances through March 2015. IHBP conducted a gap analysis based on the last year's activities and developed an activity plan around these days and shared it with the NHM MD.
 - Provided TA to the state IEC Bureau to develop an Anti-tobacco Day campaign and to organize a health camp on noncommunicable diseases.
 - Participated in the Rashtriya Kishor Swasthya Karyakram (RKSK) orientation workshop attended by the Director, Health Services and MD, NRHM, and Nodal Officers from the state and center. Shared IHBP's menstrual hygiene campaign materials. The Nodal Officers found these materials extremely useful and said they will use them during implementation of RKSK in the state. IHBP distributed 50 sets of counseling toolkits through the IEC Bureau to adolescent reproductive and sexual health clinics and district hospitals.
 - The communication materials and messages on FP and PPIUCD developed by IHBP appeared in local and regional newspapers like Haribhumi and Dainik Bhaskar during the population control campaign, February 5–19. These messages also appeared on electronic boards and TV and radio channels.
 - Local and regional newspapers including Haribhumi, Dainik, and Bhaskar published FP communication materials and messages related to PPIUCD developed by IHBP from June 27 to July 24 during the state's campaign on

population control. These messages appeared on electronic billboards, TV, and radio channels. IHBP staff placed in the state helped the state's IEC Bureau to develop a quiz for TV viewers that would be shown after the FP television commercial (TVC). The responses helped to measure commercial viewership as well.

- Set up a core committee on IEC under the Chairmanship of the MD, NHM. This committee will make policy-level decisions on overall state IEC activities. It will review terms of reference of personnel involved in IEC activities, conduct M&E of various IEC activities, prepare plans for various activities during designated days/week/month, and coordinate with other governmental departments and programs to implement SBCC activities. IHBP was consulted during the formation of the committee, the establishment of its activities and mandate, and for member selection. One IHBP state staff received a nomination to join the committee through a government order.

Punjab

IHBP placed one consultant in the state IEC/BCC cell to advocate for SBCC in RMNCH+A issues. Specific assistance to the state over the year included:

- PIP TA:
 - Facilitated planning for a communication orientation and BCC PIP planning workshop on January 17, 2014, in Chandigarh, for district-level SBCC facilitators and BEEs. IHBP oriented participants on concepts related to health communication, SBCC approach, and steps for developing an evidence-based SBCC plan for the annual NHM PIP. Eighteen BCC facilitators and key state officials, including the State Mass Media Officer, the State BCC Nodal Officer, the State Programme Officer, and the state policy and planning consultant attended the orientation.
- Capacity Strengthening, Training, and Workshops:
 - Organized a 3-day training from April 21–23 for Punjab's district NHM SBCC facilitators. The participants received an intensive training of different sessions related to SBCC. The training enabled participants to appreciate the need for providing IPC skills to FHWs for effective communication with their clients to influence behavior change.
Organized a 3-day SBCC training for Mass Education and Information Officers and the newly recruited SBCC facilitators from Amritsar, Barnala, Faridkot, Fazilka, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mohali, Nawashahar, and Ropar districts of Punjab. This training emphasized the three key strategies of SBCC, its overarching principles, the socio-ecological model, C-planning process, and the interplay of different communication channels when planning IEC/SBCC activities. Participants learned about concepts of M&E for SBCC activities. The participatory training used role playing and participant demonstration. This is the first time that the regular districts cadre received training about the principles of the SBCC framework.

- SBCC TA and Outcomes:
 - IHBP supported the Punjab state government's BCC Division to develop an annual calendar of IEC-SBCC activities of the state. The calendar captures a range of monthly activities for all of the major health programs. It includes a list of important health observances. The calendar also lists district-specific health *melas* and Village Health and Nutrition Days — which are organized by the state and are major platforms for SBCC activities. On May 29, the MD, NHM of Punjab, Mr. Hussan Lal, launched the annual calendar in the IEC-SBCC core group meeting. NHM will share with all officials and institutions at all levels.

Himachal Pradesh

In May 2014, IHBP placed a Technical Expert – Health Communication in the Directorate of Health in Himachal Pradesh, although the state has been engaging with IHBP Delhi on SBCC since the beginning of Year 4. The expert is a part of the State Resource Unit for RMNCH+A and works in collaboration with the RMNCH+A partners based in the state. Specific TA through this technical expert included:

- PIP TA:
 - Supported drafting of the state SBCC PIP. The Mission Directorate prepared the document, which IHBP analyzed and shared identified gaps with the authors. Accordingly, the Mission Directorate prepared justification for the activities and a budget proposal in consultation with State Programme Officers. Based on the state framework, the technical expert prepared a work plan for supporting activities in the state.
 - At the invitation of the state government, IHBP, along with its RMNCH+A partners, participated in the District Health Action Plan (DHAP) workshops for all 12 districts of Himachal Pradesh, where the districts presented their DHAPs for 2014–2015. IHBP provided feedback on the IEC/BCC section of the district plans and highlighted key priority focus areas for communication during 2014 and 2015.
- Capacity Strengthening, Training, and Workshops:
 - In November 2013 the NRHM Himachal Pradesh Training Division conducted an 8-day training on RMNCH+A for health extension educators (HEEs) from 12 districts in Shimla. They conducted a 2-day, two-session orientation on evidence-based SBCC for in November 2014. The training focused on enhancing the IPC skills of HEEs. Twenty-five participants attended the first session and the 40 participants attended the second session.

Delhi

IHBP actively participated in state and district RMNCH+A consultations in Delhi. Subsequently, IHBP held introductory meetings with the MD and state health officials to initiate technical support to the state. Later in the year, the program placed a health communication expert in the state. Specific assistance included:

- PIP TA:
 - Provided input to Delhi about revisions to its NHM SBCC PIP.
- Capacity Strengthening, Training, and Workshops:
 - Presented a session on IEC/SBCC indicators and tools for monitoring IEC/SBCC during a workshop on Quality Assurance in Primary Health Care Facilities, March 26 and 27, 2014.
 - Conducted SBCC and M&E training for district NIHFWS BCC officers.
- SBCC TA and Outcomes:
 - Developed a communication materials display plan for Delhi. Supported the state by developing a mass media plan for World Population Day. Folk media troupes trained by IHBP performed two plays to promote FP and PPIUCD at the state workshop at the Maulana Azad Medical College Auditorium on July 9, organized to commemorate World Population Day.

Assam

The Government of Assam requested that IHBP support capacity building initiatives in the state for health communication staff at the state and district levels. Though the state is not a focus state for USAID/IHBP, the request was sent to USAID, which agreed to allow IHBP to support the state. This opportunity was unique for IHBP because UNICEF/Assam funded the training and only requested TA.

In Assam, IHBP partnered with UNICEF to conduct an orientation exercise on the SBCC framework and approach for all district media experts and district community mobilizers from February 3 to 10. IHBP dedicated two days of the workshop to developing the SBCC PIP. Participants learned the key steps to take when preparing a 360-degree, needs-based communication plan using SBCC principles. Even though Assam is not a USAID/IHBP focus state, the state provided IHBP permission to extend its support to increase awareness of SBCC. The participants, the state government, and UNICEF appreciated the training and the follow-up SBCC PIP workshop.

1.8 Developed Communication Strategy for Two States

IHBP received requests from two states, Uttarakhand and Haryana, to support and facilitate the development of state-specific, 3-year health communication strategies and plans that provides strategic direction to strengthen their institutional capacities for improved health communication for RMNCH+A. IHBP undertook the assignment, led by the respective state's IEC Bureau/Division/Cell, thereby ensuring adequate ownership and sustainability at the individual state level. The health communication strategy plan will help the states prioritize various communication efforts and interventions and provide a clear, agreed-upon roadmap to achieve the desired results.

IHBP hired a specialist agency, Saarthak, to develop these strategies. IHBP and the agency made field visits to the states to consult with various stakeholders and communities. They also visited Odisha during late June to study the IEC COE Model that is highly acclaimed for its design and functionality. They used the lessons learned from the visit to evaluate possibilities for similar models in Haryana and Uttarakhand.

Based on the desk review and visits to the states, IHBP held strategy design workshops with the state government and other stakeholders before finalizing the strategy. The workshops' objectives were to share issues that came out of the analysis and visits, receive strategic input from stakeholders, build understanding of specific aspects to consider for the proposed SBCC strategy, and to gain a broad consensus on priorities of aspects of SBCC in the context of implementation, timelines, and thematic emphasis.

State and district level IEC officials, ANMs, ASHAs, and NGOs attended the two workshops, held at Chandigarh (for Haryana) and Dehradun (for Uttarakhand). The workshop held at Chandigarh focused on two key strategic pillars, consideration of block-level variations in health indicators and community mobilization as a key lever in driving the communication strategy. The workshop for Uttarakhand similarly placed emphasis on the varied geographical areas in the state. Uttarakhand is divided into three distinct regions: hills, upper hills, and the plains; there is a need for a distinct approach to communication in each area. Based on this input and discussions with state-level stakeholders, IHBP refined the strategy documents and presented them to the state governments. The formal submission of the strategy document to Uttarakhand will take place on October 27 and to Haryana on November 1, 2014.

1.9 Conducted SBCC Capacity Assessment of States

IHBP conducted capacity assessments in eight EAG states during Year 3. In Q1 of Year 4 the program did the same for three more states — Punjab, Himachal Pradesh, and Haryana. In Q3, staff conducted a midterm assessment in all the above-mentioned states. Additionally, IHBP conducted a baseline survey for Delhi. The study aimed to understand the management of communication activities in the country. IHBP anticipated that the findings of this study would help the program revitalize its strategy and support states more effectively.

The findings identified state-specific strengths and weakness in the IEC cells and explored possible areas for improvement. Odisha, in particular, had a strong and effective team to implement its communication program. Most of the states do not follow any recognized structure or model for change as part of campaign design; they mostly rely on their own sources of information to design programs. Also, there were no systems in place to review stakeholders' activities for campaign development. In most states, the IEC Division did not have a system in place for communication material review by the technical team. This strongly suggested the need for intensive capacity building efforts for IEC Divisions, particularly when creating intervention materials. IEC Divisions need significant support to build their capacity for M&E to improve current communication programs. Currently, there is no system in place to monitor or evaluate programs, nor do the states have the tools and capacity for it.

1.10 Managed Operations Research on Male Involvement in FP/MH through Use of Mobile Phones

PopCouncil, an IHBP partner, will complete this study on the use of innovative technology for communication and involvement of men in FP/MH in October 2014. The objective of the study was to assess the effect of conveying messages to husbands using mobile phones on MCH issues to stimulate family discussions about adopting healthy behaviors. The data analysis of the study is in process.

1.11 Conducted Operations Research on Effectiveness of SHGs

PopCouncil's conducted the second OR study in UP from November 2013 to April 2014. The objective of the study was to test the feasibility of involving women's SHGs to reach underserved women of reproductive age with RH messages and dialog. PopCouncil has collected field-level data and is working on the data analysis and writing a final report.

IR 2: Accurate and Appropriate Knowledge/Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Implemented FP Campaign: PPIUCD Campaign

IHBP started a 360-degree campaign on PPIUCD in Year 3 with a mass media roll out. In Year 4, program staff produced and submitted the IPC and mid-media packages to the ministry. Campaign materials included print materials including hoardings, posters, and leaflets. IHBP developed, pretested, and produced two folk media scripts, submitted to MOHFW after approvals. The program produced an 8- to 10-minute short film on PPIUCD was also produced after due diligence and delivered it to the Ministry in June 2014. The film debuted at the annual event of the FP Division on World Population Day, July 11, 2014.

2.2 Developed an IVR-based Mobile Training Course on PPIUCD

IHBP initiated the development of a mobile IVR-based training course for FHWs on PPIUCD and selected Hexolabs, a specialist agency, to develop and pilot the service. During the year, IHBP developed the training script and pretested the content with FHWs. From April to June, IHBP conducted usability testing of the service with FHWs at two centers, Haridwar and Udaipur. Health workers generally liked the service and identified a few crucial corrections to the service. Hexolabs made back-end changes to the script and modifications required in the IVR training course system. IHBP presented testing results to the Ministry, who appreciated the overall positive feedback by the target group of ASHAs and ANMs. The Ministry also provided feedback on the content and suggested separate call architectures for ASHAs and ANMs before the pilot launch. IHBP briefed the Hexolabs on the required changes and the revised structure will be ready for pilot in October under Advancing Partners and Communities-IHBP.

2.3 Completed AH Division Menstrual Hygiene Campaign

In Year 3, the AH Division of MOHFW briefed IHBP about a campaign to promote menstrual hygiene among adolescent girls. IHBP engaged in a desk review of available literature on the subject and conducted audience consultations with girls, mothers, and frontline health workers. IHBP also developed a strategic framework and creative routes, presented these to the ministry, and received approval for the first round of pretests of campaign materials: three TVCs, a radio spot, posters, and the campaign logo.



In Year 4, IHBP presented the pretest findings to MOHFW and the AS&MD (MOHFW), Ms. Anuradha Gupta, on October 11. Ms. Anuradha Gupta approved the approach and creative with minor suggestions. For this campaign, IHBP produced three TVCs, two radio spots, posters, hoardings, wall paintings, a flyer, a booklet, a board game, and one music video. The ministry provided final approvals on all the materials. IHBP shared the music video with the Deputy Commissioner (AH), Dr. Sushma Dureja, and JS (RCH) on December 31. The ministry asked IHBP to prepare 500 sets campaign materials to be

distributed to all participants at the AH Launch on January 7, 2014. The showcase of IHBP's campaign and 360-degree materials on menstrual hygiene were the main highlights of the event.

IHBP also developed a short film as part of the campaign package. Program staff developed animation style and characters, which were subsequently approved by the ministry. The film addressed five steps of good menstrual hygiene practices, the importance of a dialogue about this subject in school, the role a mother plays in the life of her daughter, and the involvement of the community to teach young girls about hygiene and provide them with basic facilities for proper menstrual management.

Menstrual Hygiene Campaign Overview

Type of communication material	Number	Status
TVCs A set of three TVCs to address the silence, shame and ignorance around menstrual hygiene among adolescent girls and their mothers, especially in rural areas. The campaign worked on the insight that at menarche, girls seek emotional support only from their mothers. <ul style="list-style-type: none"> 1 x 60 seconds – Swing (thematic) 60-second spot showcases mother-daughter bonding for making the daughter's growing-up experience a pleasant one. Mother provides her full support to the daughter when she feels sad or perplexed at the start of menses, the theme being that with daughters who are growing up, happiness should grow as well. 1 x 60 second – Monument visit (Product - Freedays) Showcases a peer scenario where a group of schoolgirls praise their mothers for teaching them and guiding them to manage menstruation effectively and show their preparedness with "Freedays" as an effective means of growing up happily. 1 x 60 second – (Mothers testimonial) In line with the campaign theme to showcase mother-daughter bonding and mother's support—emotional and technical—for efficient management of menstruation. While the earlier film on the same theme is with a third person perspective, this would be from the mother's own perspective and have an endorsement feel. This is shot in a semi-urban setting to contrast with the rural feel of the earlier TVC. 3 x 30 second edit (one of each 60 sec) Edits of the above listed 60-sec spot into 30-sec version 	3 (60 sec) + 3 (30 sec edits)	Launched / used in 5 states: Rajasthan Uttarakhand Jharkhand Haryana
Radio Spots <ul style="list-style-type: none"> Thematic – 60-second Thematic – 30-second edit Product – 60-second Product – 30-second edit 	1	Launched / used in 5 states: Rajasthan Uttarakhand Jharkhand Haryana
Posters <ul style="list-style-type: none"> Two posters based on happiness/achievement/mother's support/product branding (thematic/product combined) One poster on physiology of menstruation One poster on menstrual hygiene (5 basics) 	4	Launched / used in 5 states: Rajasthan Uttarakhand Jharkhand Haryana

Type of communication material	Number	Status
Leaflet <ul style="list-style-type: none"> A flyer with basic information on menstrual hygiene, how to use sanitary napkins, and why it is not a matter of shame or embarrassment 	1	Launched / used in 5 states: Rajasthan Uttarakhand Jharkhand Haryana
Wall Painting/Billboards <ul style="list-style-type: none"> Same as 2 posters – thematic and product 	2 designs in 2–3 different sizes	Launched / used in 5 states: Rajasthan Uttarakhand Jharkhand Haryana
Music Videos <ul style="list-style-type: none"> One music video to establish menstruation as normal and make the journey towards womanhood joyful. The video primarily talks about mother-daughter bonding and mother's support in making the daughter manage menstruation (and her growing-up) with efficiency and happiness, so that the adolescent girls feels confident to manage menstruation with the support from family and community . 	2	Produced and handed over
Advocacy Booklet <ul style="list-style-type: none"> 10–12 pages with color illustrations highlighting the steps to be taken by family members, teachers, front line workers (FLWs), and community to support growing-up girls for better management of menstrual hygiene. The booklet also explains menstruation and provides information on diet, remedy for cramps, and proper way to use cloth hygienically. 	1	Produced and handed over
Booklet for Girls <ul style="list-style-type: none"> 10–12 pages that uses a story format/letters from elder to younger sister to demystify menstruation and establish it as a normal phenomenon, thereby questioning the need to feel shy or embarrassed. It explains menstruation and basic steps to manage it efficiently. 	1	Produced and handed over
Audio-Visual <ul style="list-style-type: none"> 8–10 minute AV on managing menstruation that can be used for FLWs' basic training as well as for communicating with beneficiaries is proposed. The content will be a mix of the content from the advocacy booklet and the key messages of the campaign. 	1	Produced and handed over

2.4 Developed Mobile Game on MH and FP

As part of its innovations mandate, IHBP adapted the Half the Sky/USAID-funded C-Change-project produced *9-Minutes* mobile game for use by direct beneficiaries and FHWs as a communication job aid on pregnancy health and postpartum FP. IHBP contracted Games 4 Change, the agency that initially developed the game, to adapt the game. During the year, Games 4 Change developed both a long and short game. It was pretested with FHWs in Ambala, yielding critical input toward further revisions. Program staff discussed changes with the developer and finalized and submitted the revised game. Final versions are expected in October 2014.

2.5 Developed Campaign on Prevention of Teenage Pregnancy among Adolescents

Upon request from the MOHFW AH Division, IHBP developed an evidence-based, 360-degree campaign on the issue of teenage pregnancy. The development process began with audience consultations conducted with stakeholders and concept development with the creative agency, J. Walter Thompson (JWT). By the end of April, IHBP completed concept testing for the teenage pregnancy campaign in six districts of Bihar, Rajasthan, and West Bengal, where there was a high prevalence of teenage pregnancy. Based on the findings of the concept tests, IHBP shared two creative concepts with the Ministry on June 20. The creative included three TV scripts, two campaign mnemonics, and three poster ideas. IHBP received approval for the scripts and the creative for posters and logos, along with minor changes, on June 20. Program staff began production of stimulus of the TVC and other creative for pretest in July. IHBP incorporated pretest findings into the final scripts and began production all the campaign materials in August. Campaign materials included campaign branding, three TVCs, radio spots, leaflets, flash cards, a board game, and a short film to be used in public health service delivery centers. The campaign has been fully produced and will be handed over to the Ministry by October 2014.

The following table summarizes the Teenage Pregnancy campaign materials.

Teenage Pregnancy Campaign Overview

Type of communication material	Number	Status
<p>TVCs A set of three ads addresses the fact that the community tends to ask about childbirth from the very first year of marriage, creating pressure on newlyweds and their families. The TVCs present acceptable ways of handling such questions and asserting one's choice of delaying birth of first child until the wife is 20 years old. The key appeal given is to celebrate life's good things today; celebrate the 'good news' (of childbirth) only after 20 (the age of the prospective mother).</p> <ul style="list-style-type: none"> • 1 x 60 seconds – Mother-in-law This 60-second spot showcases mother-in-law championing her newlywed daughter-in-law's desire for delaying first childbirth until she turns 20. The mother-in-law deftly handles the question that is typical of a community creating pressure for an early childbirth after marriage. She eagerly celebrates the 'Good News' of learning to write her name instead as the right time to celebrate the good news of a child is only after the daughter-in-law is 20. • 1 x 60 second – Husband This 60-second spot showcases a husband championing her newlywed wife's desire for delaying childbirth. The husband deftly handles a typical question about 'Good News' from his friend's wife. He eagerly celebrates the 'Good News' of his wife's good academic performance instead, as the right time to plan for a childbirth is after the wife turns 20. • 1 x 60 second – Mother This 60-second spot showcases the parents' role (especially mother) in ensuring that their daughter does not become a mother before she turns 20. The mother of a girl who has come to her parents' home from her in-laws' easily handles a typical question about 'Good News' from her relatives. She eagerly celebrates the 'Good News' of her daughter being very happy at her in-laws' instead, as the right time to plan for childbirth is only after the daughter turns 20. • 3 x 30 second edit (one of each 60 sec) Edits of the above-listed 60-sec spots into 30-sec versions 	3 (60 sec) + 3 (30-sec edits)	Completed
<p>Radio Spots</p> <ul style="list-style-type: none"> • Mother-in-law – 60-second • Mother-in-law – 30-second edit • Husband – 60-second • Husband – 30-second edit • Mother – 60-second • Mother – 30-second edit 	3 + 3	Pretested; under production
<p>Posters</p> <ul style="list-style-type: none"> • Posters based on the same audience segmentation and designed from the shots of respective TVCs using the same thematic messaging approach 	3	Completed

Type of communication material	Number	Status
Leaflet <ul style="list-style-type: none"> A flyer with basic information on social, psychological, and health reasons for why a pregnancy should be avoided until the woman turns 20 years of age. It also lists basic responsibilities of family and community members to ensure that women and girls do not undergo the pressure of having an early childbirth. 	1	Pretested; lined up for final artwork
Wall Painting/Billboards <ul style="list-style-type: none"> Adapted from posters 	3 + 3 designs in 2–3 different sizes	Lined up for artwork
Flashcards <ul style="list-style-type: none"> A set of 6 flashcards — front and back, showcase a compare and contrast story of two different girls. Despite the fact that they both married while they were still studying, the story presents one girl who becomes a mother in the very first year of marriage while the second girl decides to wait until she turns 20. The flashcards present questions and discussion points for a health worker to initiate discussion on the topic and explain the rationale behind the recommended healthy behavior. 	1	Pretested, lined up for artwork
Game <ul style="list-style-type: none"> A participatory game that can be played by girls and boys. The game is designed on the lines of “Monopoly.” As players proceed they encounter stages where either they make or save money or pay fines for an act or a situation. These stages are linked with decisions taken in life toward education, marriage, and childbirth. A good decision helps one save money while a bad decision makes one lose money. 	1	Pretest done; artwork to be created
Audio-Visual <ul style="list-style-type: none"> A 15-minute film on teenage pregnancy. The story showcases a good-natured mother-in-law unknowingly creating pressure on her newly-wedded son and daughter-in-law for a child. She changes her mind and advises her daughter-in-law and son to wait for the right time to become parents (after the daughter-in-law turns 20) after she meets with a new person in the village (her new neighbor) and understands the truth and rationale for a healthy, happy, and respectful life. 	1	Under final edit

2.6 Provided Ongoing TA to States’ Campaign Implementation Strategies

The focus of attention at the state level during the year under IR 2 was primarily on supporting the IEC/SBCC components of the PIPs for 2014–15. This was done through advocacy with state government authorities, including Secretaries (Health) and MDs of NRHM at the state level, during workshops and meetings about including communication input.

In addition to the focus states, IHBP provided SBCC campaign support to Bihar, Gujarat, Odisha, and UP, which adapted them to their own local languages and used them accordingly.

Rajasthan

IHBP developed a mass media plan for the state which was shared with the state government and the BCC Division. The objective of media planning was to effectively create awareness about health issues among target audiences by reaching the maximum number of individuals in the target audience at an optimum frequency. The media plan used Television Audience Measurement and Indian Readership Survey ratings to decide which TV and radio channels the state needed to use to ensure maximum reach.

As an input to the draft media plans developed for Haryana, IHBP conducted a follow-up field visit to a few HPDs. During the visit, program staff used a structured format to assess the media habits of the community that included interviews with sample community members.

Jharkhand

IHBP developed a state media plan for RMNCH+A and shared it with the state. Based on this plan, the state IHBP team developed roll out plans for IHBP-developed materials. The campaigns were included in the upcoming PIPs.

At the request of Jharkhand state, IHBP held a 4-day mid-media workshop April 22–24 to train folk troupes on issues related to MH, FP, PPIUCD, and menstrual health. Four folk troupes, empanelled with the health department, received training on folk formats of *Jhumar* and *Chau Nritya* (local dance/ballet forms). IHBP adapted the scripts were adapted in Saadri—a local language commonly spoken in the state. Each performance on each theme occurred in the presence of the respective department head, and IHBP incorporated their suggestions into the final product. The program planned a series of 21 performances on FP and AH that they will hold in Gumla district, one of the HPDs.

Uttarakhand

Uttarakhand used the IHBP-supported media plan provided earlier and once again rolled out the MH communication campaign using TV, radio, and scroll boards at the facility level, outpatient department areas, and bus panels, from September 24, 2013, to October 23, 2013.

2.7 Oversaw Reach and Recall Study of FP Campaign Findings

Chhattisgarh implemented the IHBP-produced FP campaign in July–August 2013. They implemented print and electronic media for eight weeks. IHBP, in partnership with SRI, a unit of Indian Market Research Bureau International (IMRB), conducted a reach and recall study in Chhattisgarh state the months of September–October 2013. They conducted a cross-sectional survey covering both rural and urban areas following the end of the mass media component.

The overall objective was to understand the differences in knowledge, attitudes, and beliefs related to FP among the respondents exposed and not exposed to the campaign. The hypothesis was that respondents with more exposure to the campaign would have higher intention to act on the messages than those with limited or no campaign exposure. Respondents were married men aged 18–34 years and married women aged 18–29 years who were non-sterilized and had at least one child.

Key findings of the recall study were:

- 43.1% of all respondents (N=1,655) were exposed to at least one IHBP media intervention (i.e., Mehnat TV, Mehnat radio, Cycle TV, generic radio jingle, OR poster)
- Among those who had seen or heard at least one of the campaign media interventions, 90.2% reported recalling at least one of the two key campaign messages.

B. CTD

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Placed Consultants

IHBP's SBCC consultant at CTD continued to support the ACSM activities of the Revised National TB Control Programme (RNTCP). The consultant supported coordination with states to conduct workshops and other events. She visited the states of Bihar, Jharkhand, and Rajasthan as part of ACSM support for developing strategies locally.

1.2 Built Capacity on Media Management and ACSM

In Year 4, IHBP and CTD jointly conducted the second 2-day workshop on Media Engagement and ACSM in TB Care and Control in New Delhi. The objectives of the workshop were twofold: to orient RNTCP state teams with an understanding of the media and to equip them with effective media management skills; and to increase knowledge of planning, implementing, and monitoring ACSM activities in the state. Thirty-three SIECOs and ACSM officers from 25 states attended the workshop. The workshop provided an opportunity to receive input from state participants on developing the Operational Guidelines for ACSM.

IHBP also designed a TB resource guide for media professionals with the objective of providing them with correct, concise, and important information on TB. IHBP is developing the guide taking into account needs of media professionals on topics related to TB, key achievements of the RNTCP, performance indicators, and challenges. It also provides a list of reference documents and important web links that media professionals can refer to for greater details on any specific issue related to TB. IHBP presented the document was presented to the National ACSM Advisory Committee on June 10, and will be finalize it for print by end of the project.

1.3 Prepared and Disseminated ACSM Operational Handbook

CTD approved the ACSM Status Report, developed by IHBP in Year 3 and endorsed with a foreword from Dr. Niraj Kulshrestha, Additional Deputy Director General TB, CTD. Based on the findings and recommendation of the ACSM Status Report, CTD requested that IHBP develop an Operational Handbook for ACSM that could act as a resource for states and districts to plan, implement, and monitor ACSM. IHBP developed the handbook through a series of consultative processes involving input from SIECOs and ACSM officers. CTD established a four-member working committee to guide and support the development of the operational guidelines for the handbook. ACSM experts from the National Advisory Committee and other program partners reviewed the draft document. IHBP incorporated inputs from these experts and circulated among larger groups of ACSM experts from civil

society organizations working on TB control in India. IHBP will conduct a series of workshops about operationalizing the handbook at the state level when it is final.

IHBP finalized the Operational Handbook for ACSM document in collaboration with CTD, MOHFW, and disseminated it to all state RNTCP teams. Program staff organized a 2-day workshop September 15 and 16 in New Delhi where State TB officers (SBOs) and SIECOs learned about the handbook and its application at state and district levels. Eighty-six participants including SBOs, RNTCP Medical Consultant, State IEC officers from 34 states and Union territories attended. The key outcomes of the workshop were 1) teaching state TB teams about the document, (2) holding a consultation on the National ACSM strategy document and the Urban ACSM strategy, and (3) preparing state ACSM plans.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Developed National ACSM Strategy for TB and Urban ACSM Strategy

CTD requested that IHBP develop two policy documents for TB prevention, detection, and management under RNTCP. The first request was for the Urban ACSM strategy that addresses challenges in TB care and control specific to the urban context. In Year 3, IHBP developed an urban ACSM strategy and shared the draft document with CTD in Q1 of Year 4. IHBP held several rounds of feedback meetings with CTD and is incorporating CTD's comments into the strategy document currently.

The second request from CTD was to provide support for revising RNTCP's health communication strategy, developed in 2005. The need for a revised health communication strategy arose from RNTCP's vision to achieve universal access in TB care and control. IHBP, in consultation with CTD, finalized the scope of work for a short-term consultant who will work to revise the health communication strategy. IHBP adopted a consultative process with experts and partners for recommending the necessary revisions in the health communication strategy. Based on this consultative process, IHBP will finalize both strategy documents will be finalized by November 14, 2014.

2.2 Launched mHealth Pilot in Haryana

IHBP completed a pilot study on the use of mobile short-message-service (SMS) technology to create awareness among private health providers, AYUSH providers, chemists, and radiographers about diagnosis and treatment protocols for TB. The pilot also aimed to motivate them to become directly observed therapy short course providers. IHBP implemented the pilot in the Ambala and Sonapat districts of Haryana. The program completed the following activities in Year 4:

- Hired medical detailers at the field level
- Mapped on-ground providers in the two intervention districts
- Developed communication concepts with support from a creative agency
- Hired a digital agency to develop the digital game in SMS-based quiz format.
- Implemented pilot program
- Conducted final analysis

IHBP developed the mobile quiz by mid-March and rolled out the pilot in the field on March 31. The program produced communication material and placed it simultaneously in districts. IHBP completed the baseline (250 participants in each district) by mid-June and the endline by July 31. PSI shared preliminary findings with IHBP in September 2014 and IHBP provided comments toward PSI's final report. This will happen by October 2014.

2.3 Created Social Media Campaign on TB

IHBP, with support from partner PSI, developed a social media campaign to generate awareness about *Nikshaya*, the TB notification drive of RNTCP. Launched World TB Day, the aim of the campaign was to create awareness about the significance of TB notification and to garner support from private medical doctors in the fight against TB. The campaign provided a platform on Facebook and a dedicated microsite to inform and motivate private doctors to become involved in *Nikshaya*. The website, www.tbnotification.in, clarifies queries, doubts, and concerns private providers may have about TB notification. Program staff and partners promoted the campaign to private doctors through various online channels online and practitioners can register to be part of *Nikshaya*. The microsite is user-friendly with content designed to address the queries of private doctors and health care establishments. PSI hired an agency to promote the microsite among private medical doctors for 3 months. By September, the campaign had received 5,013 Facebook likes on the TB pledge. In addition, 307 people pledged to fight against TB and 101 people shared their contact information to register with *Nikshaya*,

2.4 Provided Support for SBCC Campaign for TB/HIV Co-infection

In Year 4, IHBP began design and development of an SBCC campaign on TB/HIV co-infection. The objective of the campaign is to increase awareness among HIV patients on TB testing and treatment services and to promote HIV testing among TB patients. The campaign will create awareness and promote behavior change and support existing TB/HIV work. The campaign aims to increase demand for TB/HIV control services through synchronized communication via mass media, mid-media, and IPC channels. Through September 30, 2014, IHBP completed the situational analysis, audience consultation, and creative concept testing. By November 15, IHBP will complete the pretest of creative material and final production and hand over the campaign.

C. NACO

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Set Up NHCRSC

IHBP provided support to NACO to strengthen its technical capacity in SBCC by strategically setting up a nodal institution (NHCRSC) that comprised technical staff with competence to design, deliver, and evaluate SBCC campaign strategies and products and provide TA in SBCC to SACS. IHBP placed these consultants in the IEC Division and the NHCRSC, and in supported states, to assist with developing their annual action plans and implementing NACO's national-level campaigns at the state level. NHCRSC staff received SBCC training and ongoing mentoring and support from IHBP.

1.2 Created Capacity Building Strategy and Training Plan

In Year 4, NACO adapted the IHBP-developed SBCC curriculum to NACO's requirement of building the capacity of IEC officers at national and state levels in communicating about HIV/AIDS. NACO hosted a first-ever training on communication planning and management for 112 IEC officers during the work plan year. IHBP planned SBCC trainings using a cascade model, with a 5-day training of 14 master trainers from officers from NACO and SACS. These master trainers then rolled out the national-level trainings. Participants included senior level officers, such as Joint Directors – IEC and Deputy Directors – IEC, from the states of Andhra Pradesh, Bihar, Gujarat, Kerala, Rajasthan, Tripura, and UP; Regional Communication Officers of North East India and Southern India; three NHCRSC team members; and four staff from the IEC Division. IHBP identified nine master trainers after the training to conduct further trainings for NACO within states. As a result of these trainings, NACO strengthened planning and implementation of state annual action plans.

1.3 Developed Physical Library

Although NACO's physical library was already completed, they initiated work on systematically organizing the physical library after they hired the NHCRSC Repository Manager in January. NACO's physical library has a total of 3,065 documents. The Repository Manager cataloged, classed, and shelved the documents. The manager made available an e-database in Microsoft Excel for tracking documents and prepared another e-database for audio-visual material with 175 CDs/DVDs to date. The library began the process of seeking membership within the Developing Library Network to provide NACO users with more updated information and installed Koha Software for exporting the catalog's e-database. The Repository Manager prepared a pamphlet for the physical repository, which the JD-IEC approved. NACO hired a library assistant on a temporary basis to reorganize the physical resource center to create a repository of resources.

1.4 Developed and Launched DRC

The DRC became functional in Year 4, as NACO leadership resolved internal issues while IHBP continued to work on the site. On December 2, NACO approved the site design, first shared with NACO on July 1 and again with a group of technical experts on July 27. NHCRSC made some changes to the taxonomy and finalized descriptors for the material and text for static pages. NHCRSC also developed a document sourcing policy and a logic document with support from IHBP. The website domain is <http://IndiaHIVInfo.gov.in>. NHCRSC also created social media accounts (Twitter, Facebook, YouTube, and Picassa) for the DRC.

Under the guidance of IHBP, ZMQ, the vendor chosen to develop the site, selected certified agencies to do a security audit of the site. They completed this task in September. After the audit, they registered the domain name; uploaded final versions of 200 materials per the revised taxonomy, completed a demonstration of site features and navigation to NACO officials, received approval from the NACO Secretary for user testing of the beta site, and conducted user testing. NACO will officially launch the website in October.

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Completed S&D and PPTCT Campaigns

In February, IHBP completed and handed over two S&D TVCs by health providers for PLHIV and PPTCT of HIV/AIDS.

The approved S&D concept was “Jab saath hai suraksha, toh darna kaisa?” (“When you have protection, why be afraid?”). NACO requested that the focus of the campaign be on the use of universal precautions for all patients, not only HIV-positive patients. IHBP recommended that NACO consider a platform of equal care and highlight doctors as heroes for their professional leadership and the care they take to treat all patients as equal, including those who are HIV positive. The program recommended avoiding a focus on fear. IHBP developed the creative for PPTCT to address a perceived lack of awareness of the importance of pregnant women getting tested for HIV and the danger of HIV to the unborn child. Of the three concepts presented, “Karein vahi, jo bache ke liye hai sahi” (“Do what is right for the baby”) was approved.

2.2 Launched Internet Campaign on S&D

IHBP launched *Heroes-in-white*, an internet campaign on S&D, on July 1, 2014 (Doctors’ day) in an event led by IMA in the presence of Dr. Harsha Vardhan, Honorable Health Minister of India. IHBP hosted content generated at the launch event (photos, video clips, and digital signatures) on the website www.heroesinwhite.com along with blogs; articles; and interviews of doctors on issues of stigma, promoting equal care of patients, and using universal precautions in all cases. By the end of the campaign, the website received close to 22,000 unique visitors and registered 2,000 doctors. The campaign’s Facebook page received close to 38,000 likes with a reach of 550,000 users. IHBP also developed a content management system (CMS) which will enable NACO to update all website content on their own going forward. Project management delivered the CMS and the website to NACO on October 13, 2014.

2.3 Rolled Out Youth Campaign

NHCRSC developed a campaign on vulnerability of youth to HIV infection with assistance from IHBP. The campaign objective was to increase risk perception among youth, leading to HIV testing and safer sex practices. NACO approved the concept, scripts, and designs for this mass media campaign, comprising two TVCs, one radio spot, two posters and hoardings. The first TVC highlights the importance of using condoms in all sexual encounters and the second TVC focuses on the need for testing for those who have been in risky situations. NHCRSC and IHBP conducted a pretest of the communication materials among youth aged 15-29 in Bihar (Patna) and in Maharashtra (Pune) in June 2014. The campaign team used the findings from the pretest to modify and improve the communication material. NHCRSC then handed the campaign over to NACO for implementation.

2.4 Supported World AIDS Day Events

NHCRSC created and released a print ad was on World AIDS Day on December 1, to urge people to stand up against S&D faced by PLHIV. NHCRSC supported the World AIDS Day event jointly conducted with the Central Reserve Police Force at the Purana Qila grounds in New Delhi on December 1, 2013.

2.5 Developed Media Plans for Sexually Transmitted Infection, PPTCT, and S&D Campaigns

With support from IHBP, NACO developed media plans for sexually transmitted infection, PPTCT, and S&D campaigns and launched the campaigns in January 2014.

2.6 Conducted Reach and Recall study of Voluntary Blood Donation (VBD) Campaign

NACO conducted a VBD campaign at national and state levels towards the end of 2013. NACO requested that IHBP measure the reach and recall of the campaign. IHBP conducted this study was conducted over a period of 8 weeks, ending in January, in Assam, Maharashtra, Orissa, Tamil Nadu, and UP. SRI, a specialist unit of IMRB, conducted the recall survey, which was aimed at understanding differences in knowledge, attitudes, and beliefs related to blood donation among respondents exposed and not exposed to the campaign. It was hypothesized that respondents with more exposure to the campaign would have higher intention to act on the messages than those with no or limited campaign exposure. Randomly selected men and women aged 18–65 years were interviewed (N=6,600). Prior to the survey, data collectors attended an orientation and training program in the respective states.

The preliminary analysis of the study suggested that the reach of the campaign was around 32% and, among those who had seen the campaign, message recall was around 91%. The initial results suggested that the message was effectively designed. The findings of the reach and recall studies will feed into the policy framework of blood safety.

2.7 Launched Reach & Recall Study: PPTCT

A reach and recall study of two PPTCT ads (mother and daughter and kick) are currently ongoing in five states (representative of five geographical regions in India): Chhattisgarh, Gujarat, Jharkhand, Nagaland, and Tamil Nadu. A total of 3,300 currently married men and women aged 18–45 years were interviewed. The report will be ready by October.

2.8 Started Reach and Recall Study: Long Format Program

NACO developed and aired many long-format programs in radio and TV in different states. Each state had a specific program aired for a duration between 15 minutes and 1 hour. A study is currently ongoing to understand the reach of these programs and recall of messages in six states (Bihar, Jammu & Kashmir, Kerala, Madhya Pradesh, Maharashtra, and Tripura). IHBP selected states on the basis of geographical location and also duration of airing those programs. A total 3,960 men and women aged 18-60 years will be interviewed during the study. The study will be completed and disseminated in November.

2.9 Conducted Baseline Study for Internet Campaign Heroes in White

IHBP conducted a baseline study on equitable attitudes towards PLHIV among health care providers in selected states of India. This was tied to the social media campaign *Heroes in White*, implemented by IHBP. The study took place in the states of Goa, Karnataka, Madhya Pradesh, Manipur, Rajasthan, and West Bengal, and covering 1,260 health care providers (635 doctors; 266 medical student with at least three years of study; and 358 paramedics including nurses, word boys, and attendant lab technicians). IHBP conducted the study in selected private and public health care setting in these states. Key indicators included knowledge about transmission of HIV, care and management of PLHIV in health care settings, precautions used by health care providers (HCPs) for protection from transmission, fear and concerns regarding treatment of PLHIV, awareness of policies for protection of PLHIV, and attitudes towards PLHIV.

Eight of ten professionals identified blood, genital fluids, and breast milk as a means of HIV transmission. More than half of doctors have incorrect knowledge on transmission through blood splashes to eyes or mouth. More than 75% of all HCPs believed sputum to be a carrier of HIV. S&D-related practices were apparent within health facilities at various levels and IHBP found behaviors such as segregation of PLHIV from other patients, needless labeling of beds, excessive use of barrier precautions by HCPs, delays in treatment, breaches of confidentiality, withholding HIV test results from patients, disclosure without consent, mandatory HIV-testing before invasive procedures, and insufficient or inadequate counseling. The final report will be ready by October 2014.

D. MOWCD

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Provided Support to NRP

IHBP's consultant at MOWCD provided TA on a host of communication-related areas during the year. Some highlights included:

- Support to MOWCD in organizing its annual “Vatsalya Mela” in New Delhi from November 14 to November 30, 2013. IHBP created a new website link for “Vatsalya Mela,” which is now hosted on the NRP website. The consultant staffed a booth at two venues to disseminate information about MOWCD's work and NRP.
- Development of a framework for using ICT to strengthen the training component of ICDS. After several rounds of discussion with the JS, Director ICDS, and National Institute of Public Cooperation and Child Development (NIPCCD), ICT was included as a major component in the work plan. A series of MOUs are planned with various GOI agencies and private partners to take the work of ICT in ICDS forward.
- Hosted the fourth and final stage of a communication campaign on the NRP website. This included soliciting slogans and nutritious recipes. Thousands of people participated in the campaign and the winners of the contest received prizes from the MOWCD Minister on November 14, 2014.
- Collaborated and advocated with similar organizations. The UNICEF-supported Mother and Child Trust of Hong Kong agreed to host video and audio materials related to MCH and nutrition on their websites. They also drove traffic to the NRP website in return.

Additionally, NRP received a silver medal in the sector-specific category of health by the Department of Administrative Reforms and Governance, GOI. NRP competed with almost 300 other nominations for this e-governance award. The award included a trophy, certificate, and cash reward of INR 1 Lakh.

V. Knowledge Management

A. Updated Website Regularly

IHBP regularly updated the project website to enable stakeholders to learn about the project to disseminate all finalized project documents, campaigns, regular job postings, and the quarterly newsletter. During the year, the project website garnered 42,671 visitors, of which 75% were new visitors and 25% were returning visitors. The bounce rate — the number of visitors who leave immediately after accessing the site — was 7.63%. Total page views increased to 41,310 with an average visit duration of 4 minutes and 4 seconds. The site recorded visits from 82 countries in this quarter; the top 10 countries by visits were: India, United States, Brazil, United Kingdom, Bangladesh, Kenya, Indonesia, Pakistan, Nigeria, and the Philippines.

B. Disseminated Quarterly Newsletters

IHBP disseminated quarterly newsletters highlighting program activities to partners, donors, and stakeholders.

C. Prepared for Project Evaluation

In Q3 and Q4, preparations for the project evaluation became a priority, with the knowledge management team leading collection, preparation, organization, and categorization of various documents and information for evaluators.

The following table details the documents the team identified, scanned, and prepared for sharing during the evaluation.

Themes/Topic	Documents	Description
Annual Report	1. Annual Report (Year 1) 2. Annual Report (Year 2) 3. Annual Report (Year 3)	The Annual Report is a summary of the year's main tasks completed, project achievements, and the challenges faced.
Campaign Materials	1. MH campaign materials 2. FP campaign materials 3. PPIUCD campaign materials 4. Menstrual hygiene campaign materials 5. S&D campaign materials 6. PPTCT campaign materials	A catalog of all the creative material designed using an SBCC approach for six campaigns developed for MOHFW
IS – Strategy docs.	MOHFW 1. MOU with NIHFW	The signed agreement with the ministry, whereby IHBP will provide TA to NIHFW to develop it as a nodal agency for SBCC trainings for government officials in the country
	MOWCD 1. Framework document for the NRP	Process documentation of the need for TA to develop work and sustainability plans for establishing the Digital Resource Center on Nutrition, for MOWCD.
	CTD 1. Concept Note for Engaging	Documents on policy-level TA provided to CTD

	<p>Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) Providers Through mHealth Pilot for TB Detection and Cure</p> <p>2. ACSM status report</p> <p>3. CTD Media Training Report</p>	
	<p>DAC</p> <p>1. MOU with DAC for development of DRC</p> <p>2. Organogram for NHCRSC</p> <p>3. Framework of India HIV AIDS Resource Centre</p>	Documents on the establishment of the Technical Support Group in the IEC Division of DAC
Operation Research	<p>1. Mobile Phone Messaging as an Innovative Approach to Involve Men to Stimulate Discussion and Change Family Health Behaviors</p> <p>2. Community Mobilization in an Innovative and Sustainable Way</p>	Concept Notes on the two OR projects that are ongoing, to test communication media/opportunity for FP messaging among targeted audience
Project SOW	<p>1. Original TO</p> <p>2. SOW for Option Year (Oct 1, 2013 to Dec 12, 2014)</p> <p>3. Change orders</p>	This is the original document signed with AED and the various Change Orders issued subsequently when the project novated to FHI 360. It documents how and why the project underwent changes and how it has shaped up now.
Quarterly Progress Report	<p>1. Quarterly Progress Report (Year 1: Q1, Q2, Q3, and Q4)</p> <p>2. Quarterly Progress Report (Year 2: Q1, Q2, and Q3)</p> <p>3. Quarterly Progress Report (Year 3: Q1, Q2, and Q3)</p> <p>4. Quarterly Progress Report (Year 4: Q1 and Q2)</p>	A part of standard project process documentation, QPRs regularly report on ongoing work, milestones achieved or the reasons if any, for meeting some of these targets.
Quarterly Financial Reports	<p>1. Sept to Dec 2012</p> <p>2. Jan to March 2013</p> <p>3. April to June 2013</p> <p>4. July to Sept 2013</p> <p>5. Oct to Dec 2013</p> <p>6. Jan to March 2014</p> <p>7. April to June 2014</p>	Provides figures and an explanation on the way money is being budgeted, spent, or un-spent
Study/ Research Reports	<p>MOHFW</p> <p>1. ONA-MOHFW (IEC Division)</p> <p>2. Good practices monograph- FP</p> <p>3. Good practices monograph- MCH</p>	Important documents of the studies conducted to determine the role of SBCC and the areas where IHBP could provide technical support to the government and the Ministry to strengthen capacities in SBCC
	<p>MOWCD</p> <p>1. ONA-MOWCD</p>	An important study that formed the basis for IHBP's TA to MOWCD

	CTD 1. ACSM Status Report for CTD 2. Good practices monograph- TB	Studies to find out the current status of implementation of the communication strategy – ACSM and a global study on best practices in communication for TB prevention and treatment
	DAC 1. Reach and Recall Study of VBD Campaign of DAC 2. Good practices monograph- HIV/AIDS	A background study of global best practices in HIV and a recall study of the campaign developed by DAC
Training Manual/Module	A: SBCC Folder 1. SBCC training package for State/District IEC Officers 2. SBCC toolkit	A 5-day training module to train master trainers in principles and approach of SBCC. The module was adapted and condensed from the original 13-day SBCC module which is used globally.
	B: DAC Folder: 1. Curriculum and Facilitator's Guide for Communication Management Training for DAC	Adapted the SBCC module to fit the National AIDS Control Program-4 communication strategy with relevant examples of HIV and case studies from earlier campaigns
	C. SBCC M&E Folder 1. Module 2. SBCC M&E facilitator's guide	Modified the M&E training module to fit into the SBCC framework using the examples and relevant case studies
Work Plan	1. Work Plan (Year 1) 2. Work Plan (Year 2) 3. Work Plan (Year 3) 4. Option Year (Oct 1, 2013 to Dec 12, 2014)	Prepared at the beginning of the contract year in October, IHBP develops a detailed Annual Monitoring Plan to fulfill TO requirements.
IQC and TO	1. JWT IQC 2. SRI-IMRB IQC 3. Tragos, Bonnager, Wiesendanger, and Ajroldi - IQC	The contracts signed with research and creative agencies which have been procured to develop campaigns and carry out research.
M& E Reports	1. SBCC indicator workshop in Delhi 2. Capacity assessment of the States 3. FP recall study – Chhattisgarh 4. FP process evaluation 5. MH situational analysis 6. Migrant audience consultation 7. Migrants situation analysis 8. Pretest FP TVCs & radio spots 9. Pretest menstrual hygiene- TVC ,	M&E reports on various research studies conducted. These include assessment studies, situational analyses, pretests, audience consultation, and recall studies for different media under the five campaigns developed by IHBP.

	<ul style="list-style-type: none"> poster, board game & booklet 10. Pretest menstrual hygiene film PPIUCD flyer 11. Pretest menstrual hygiene film music video 12. Pretest menstrual hygiene TVC radio spots posters & logo 13. Pretest MH and PPIUCD 9-min mobile game 14. Pretest MH flyers 15. Pretest MH TVCs and radio spots 16. Pretest MH posters and board game 17. Pretest PPIUCD radio spots, posters, flyers & AV film 18. Pretest PPIUCD IVR course content and short film 19. Pretest PPIUCD fictional film PPIUCD flyer 20. Pretest PPIUCD TVCs & radio spots 21. Pretest PPTCT & S&D radio spots & posters 22. PPIUCD situational analysis 23. S&D situational analysis 24. VBD reach and recall study 	
Private Sector Partnership	MOUs <ul style="list-style-type: none"> 1. Bharti Foundation MOU 2. Dimagi MOU 3. Jindal Steel & Power Limited MOU 4. Jubilant Bhartia Foundation 5. Bafna Pharmaceuticals Ltd. 6. Janani 7. Fem Sustainable Social Solutions (femS3) 8. ZMQ Software 9. Gram Vaani Community Media Ltd. 10. Ambuja Cement Foundation 11. RPG Enterprises 12. Infrastructure Leasing & Financial Services 	MOUs signed with private sector partners including NGOs, corporate organizations, corporate social responsibility (CSR) wings, and technology for development organizations
	WORKSHOP REPORTS <ul style="list-style-type: none"> 1. Report Communication Workshop with Private Sector - New Delhi 120314 2. IHBP Workshop Report - Communication Workshop with Private Sector - Mumbai 230613 3. The Taj Must Smile - Activation Platform for Private Sector (Concept Note) 	Detailed reports on the communication workshops organized in collaboration with private partners

Training & Workshop Reports	<ol style="list-style-type: none"> 1. July 2011 4-day SBCC workshop 2. Assam Feb 4-8, 2014 SBCC Communication Workshop Report 3. Chhattisgarh 2012 July 23–25 Orientation Workshop for State & District IEC Officials-A Report Chhattisgarh IEC Officials 4. Chhattisgarh Nov 22–23, 2013 State Level Orientation Workshop on SBCC Report 5. Delhi July 17–19, 2012 Capacity Building for Frontline Workers – Report 6. Delhi July 23–25, 2012, Capacity Building for Frontline Workers 7. Delhi Sept 26–27, 2013 State Staff Orientation Workshop 8. Haryana Oct 23–26, 2013 FHW Supervisor 2nd Batch Training Report 9. Haryana Sept 17–19, 2013 FHW Supervisor Training Report 10. Haryana Apr 16–20, 2014 SBCC Communication Workshop NHM 11. Haryana Feb 17, 2014 IPC Training Report 12. Haryana Jan 2–3, 2014 Training of ASHA Workers on Communication & SBCC Training Report 13. Haryana IPC Training for ASHA Workers Summary Report 14. Himachal Pradesh Nov 13–14 & 22–23, 2013 Workshop on Communication Planning IEC and RMNCHA - Training Report 15. Jharkhand Dec 9, 2013 State Level Review and Visioning Workshop Report PIP Development 16. Jharkhand Apr 22–25, 2014 Script Development Workshop 17. Jharkhand Mar 27–28, 2014 Follow-up Training Report 18. Jharkhand May 30–31, 2014 IPC 	Detailed reports on the each of the 23 training workshops held at NIHFW (Centre), or in the state capitals, on SBCC for state/district-level officials.

	<p>Training Report</p> <ol style="list-style-type: none"> 19. Punjab Apr 21–23, 2014 SBCC Communication Workshop NHM 20. Punjab Jan 17, 2014 Communication Orientation & PIP Planning Workshop Report 21. Rajasthan March 26–27, 2014 Communication Launch Workshop 22. Uttarakhand Apr 25–26, 2014 Workshop Report on Campaign Orientation and Roll Out Planning 23. Uttarakhand Feb 17–21, 2104 SBCC Training for IEC Officials under NHM 	
A Folder with IHBP Branding Folder with one-pagers	<ol style="list-style-type: none"> 1. PSI ACSM Urban Strategy 2. PSI mHealth abridged 3. PSI Social Media Campaign 4. PSI TB Desk Review 5. State fact sheet-Jharkhand 6. State fact sheet-Uttarakhand 7. State fact sheet-Chhattisgarh 8. State fact sheet-Rajasthan 9. State fact sheet-Delhi 10. State fact sheet-Himachal Pradesh 11. State fact sheet-Haryana 12. State fact sheet-Punjab 13. Leveraging & Partnerships 14. 360-Degree campaign review-Menstrual Hygiene 15. 360-Degree campaign review-PPIUCD 16. 360-Degree campaign review-MH 17. 360-Degree campaign review-HIV/AIDS-related S&D 18. 360-Degree campaign review-Spacing for FP 19. Research Brief: Recall of FP Media Campaign in Chhattisgarh 20. Research Brief: Reach & Recall Study of VBD Campaign by NACO 21. TA to DAC 22. TA to CTD 23. AMP for April-June 2014 of TB Cases In Urban India 	One-page brief description on important aspects of the project's success. Includes a summary of IHBP intervention in eight states, 360-degree communication campaigns, studies conducted by PSI, leveraging interventions, and some important M&E interventions

VI. LEVERAGING

In Year 4, the project made tremendous progress on leveraging private sector partnerships and brought in \$5.6 million in total leveraging for the quarter. This was possible due to the project's ability to advocate with the central and state health ministries to put significant resources behind the 360-degree campaigns.

In Q4, the project conducted meetings with private sector organizations including Walmart, Swasti, Bosch, Biocon Foundation, IBM India, Accenture, MSD, Smile Foundation, CMSD, JK Ansell Ltd., Herbalife, Anhad Sewa Trust, and Strides Apcolab. IHBP negotiated and finalized MOUs that five organizations will sign in Year 5 (October 1–November 15).

Private sector partners of IHBP (nine MOUs signed in Year 4 and three in Year 3) continued to program IHBP campaign materials into their interventions and extended the use of the materials to more of their intervention locations. Notably in Q4, JSPL Foundation, Bharti Foundation, IL&FS, and Janani began using the materials in a more substantial way. The project also shared campaign materials translated and dubbed in vernacular languages with private sector partners such as JSPL Foundation and Ambuja Foundation and explored additional ways to expand partnerships with existing/potential partners that conduct interventions in Maharashtra and Gujarat.

ASSOCHAM designated IHBP as the “Knowledge Partner” for their CSR initiative, “Tuberculosis Awareness, Prevention & Wellness Programme – Getting to zero deaths from TB.” This program launched in New Delhi on August 6 and the MD of USAID presented as the keynote speaker at an event chaired by the Health Secretary. IHBP received good publicity and media visibility from the event.

The PR agency contracted to leverage media made substantial progress on its deliverables and IHBP extended their contract until Oct 30, 2014, to enable them to complete their tasks.

IHBP conducted a media launch of the “The Taj Must Smile” cause marketing platform in Mumbai in September and is asking private sector foundations, NGOs, and other groups to associate with the cause by generating media reports and online traffic through Facebook and Twitter to build traffic to the microsite.

A. Led Partnership Discussions for 12 Signed MOUs and Finalized Another Five Partnerships

IHBP held meetings with more than 50 private sector organizations identified as potential partners. These included businesses, corporate foundations, NGOs and umbrella trade and industry bodies. In year 4, IHBP negotiated and signed MOUs with Ambuja Cement Foundation, IL&FS, JSPL Foundation, Bharti Foundation, Dimagi, ZMQ, Gram Vaani, Janani, and RPG Enterprises. IHBP closed signed MOU's signed with femS3 and Bafna Pharmaceuticals in April and Sept 2014 respectively as the funding of femS3 was discontinued by their donor and Bafna Pharma was sold by its promoter to Strides Apcolab.

The project continued partnership dialogue with several companies and finalized MOUs CMSD, JK Ansell Ltd., Swasti, NTPC, and Anhad Sewa Trust (Lupin Pharma) that will be signed in Year 5.

B. Engaged Umbrella Trade and Industry Bodies

In year 4, IHBP collaborated with three major industry and trade bodies, Confederation of Indian Industries (CII), PHDCCI, and ASSOCHAM. Project management drafted MOUs for all three, but it was seen that all of these bodies were keen to collaborate on their ongoing events, conferences and seminars but were interested in formal long-term partnerships. As such, there is limited potential to partner with these bodies at a tactical level. IHBP preferred to explore partnerships where we could offer strategic rather than financial support on activities that were mutually beneficial. IHBP therefore explored the possibility of organizing events such as communication workshops and supporting these organizations as knowledge partners in relevant programs as a way to gain access to their corporate members.

The Secretary of PHDCCI could not pitch a potential partnership setting up a COE for Health Care Training to their Board of Directors. As such, this activity stalled.

C. Signed MOUs Extended Support to Leverage IHBP Materials

In Year 4, IHBP signed MOUs with nine private sector organizations as below:

- a. **Bharti Foundation (BF):** BF is the CSR arm of Bharti Enterprises. Bharti Enterprises, with annual turnover of \$13 billion, is one of India's leading business conglomerates with interests in telecom, agri-business, financial services, retail, and manufacturing. BF runs schools for underprivileged children and planned to use the menstrual hygiene campaign to spread awareness among some 7,500 female students and their mothers. The MOU was signed on June 20 and IHBP is supporting BF to develop the intervention.
- b. **JSPL Foundation:** JSPL Foundation is the CSR arm of Jindal Steel & Power Limited, one of India's largest infrastructure companies in the area of steel, mining, and power generation with annual turnover of about \$3.56 billion. JSPL Foundation planned to make use of the FP, MH, AH, and HIV/AIDS campaign materials in three districts of Jharkhand, Chhattisgarh, and Odisha where they have plants and undertake community interventions. JSPL will utilize the IEC materials in Hindi and Oriya and has already begun to integrate IEC materials developed by IHBP into their interventions in the intervention districts.
- c. **Dimagi Software Innovations Pvt. Ltd.:** Dimagi is an award-winning technology company that helps organizations to deliver quality health care to urban and rural communities around the world. Dimagi designs clinical interfaces, health information systems, and mobile technologies to perform patient-level disease management, clinical decision support, and health system monitoring. Dimagi is implementing CommCare, its flagship open source platform, in the state of Jharkhand to strengthen the delivery of existing programs in health and other social sectors. Through funds received from the World Bank – India Development Marketplace Award, and in collaboration with the Jharkhand Rural Health Mission and state lead partner USAID-MCHIP, Dimagi expects to support *Sahiyyas* (as FHWs are called in Jharkhand) to deliver better care. In this endeavour it will create a standardized MCH application

that will function as a mobile-based job aid that various organizations can use. Dimagi is embedding the TV messages (FP, PPIUCD, MH, AH) developed by IHBP in the app for the government of Jharkhand, a priority state for IHBP.

- d. IL&FS Education and Technology Services Ltd. (IETS): IETS is the social infrastructure arm of the infrastructure organization IL&FS Ltd. The group is headquartered at Noida in India. It has a strong presence in three critical social sectors: education, skills, and health. Additionally, the company has a fast-growing CSR arm which looks at the three focus areas of business in a composite manner. Under the MOU with IHBP, IL&FS is utilizing the FP, MH, AH, and HIV/AIDS campaigns in its social programs and invested its own resources to translate and dub campaign materials into Assamese.
- e. ZMQ Software is a technology for development company and has converted the menstrual hygiene content to a Java toolkit being used in the Mobile Integrated Resource for Aurat (MIRA) channel; a job aid for RMNCH+A. ZMQ employs a group of 50 MIRA Mobilizers in Mewat district of Haryana to work with communities. ZMQ also conducted a few trainings for SHGs on MIRA and used the mobilizers to spread IHBP messages on menstrual health and bonding between mother and daughter through the films.
- f. ACF is the CSR wing of Ambuja Cement, one of India's largest manufacturers of cement. The foundation is engaged in a variety of integrated rural development projects in 22 locations in 12 states where it has plants. Under the MOU, ACF began using the FP and MH campaign materials in its community interventions. ACF integrated the FP and MH television commercials under its CommCare application (a mobile and web platform for gathering and distributing health care-related information, developed by Dimagi) for a pilot program in the Darlaghat district of Himachal Pradesh. Under the project, 10 FHWs called *Sakhis* are being trained to use the mobile phone application for data collection and counseling pregnant women during antenatal and postnatal care visits. ACF embedded the FP and MH TVCs developed by IHBP in the multimedia application to train the *Sakhis* and maximize beneficiary engagement.

In Q3 of Year 4, ACF began using the IHBP IEC materials in Ambujanagar in Gujarat as well. In Q4 of Year 4, IHBP shared the AH (menstrual hygiene) campaign materials with ACF and a received a request to use the artwork from the advocacy handbook in an ACF intervention in Darlaghat.

- g. Gram Vaani Community Media Private Ltd. (GV) Gram Vaani, meaning "voice of the village," is a social technology company based at IIT Delhi. GV is now bringing together its network of radio-over-phone and community radio services across the country to build a unified platform of social media for the bottom of the pyramid. This is called Mobile Vaani. Mobile Vaani is GV's social media platform equivalent to Facebook/YouTube/Twitter for rural areas. GV built an intelligent IVR system that

allows people to call into a number and leave a message about their community or listen to messages left by others. These messages include updates about local village events, folk songs and cultural updates from the communities, feedback on government schemes, and discussions about topics of importance including the state of education and health in rural areas. Being purely voice based, Mobile Vaani immediately becomes accessible to communities with lower levels of literacy. GV has been broadcasting the FP and MH messages developed by IHBP over the Mobile Vaani platform. People in rural settings access the content through their mobile phones and listen to these episodes while sharing their opinion, concerns, and perceptions. Through this exercise, GV provided women and newlywed couples quality content in their local language that was accessible at all times.

- h. RPG Enterprises, established in 1979, is one of India's fastest growing business groups with a turnover approaching INR 17,000 Crores. The group consists of over 15 companies managing diverse business interests in the areas of automotive tires, infrastructure, IT, pharmaceuticals, plantations, and power ancillaries. The group firmly believes that CSR is not just an added function of business; they believe it should be ingrained in core business operations. CSR at RPG covers the workplace, community, and environment. The social endeavours of the group have been categorized under the broad area of education, employability, and environment. RPG has used the FP and MH campaigns developed by IHBP to reach out to underprivileged women in slums around their factories and plants. Currently, RPG is conducting a needs assessment study at their various plant locations through the Tata Institute of Social Sciences to revise their CSR strategy. As of now, RPG has put MOU activities on hold and will inform IHBP once they finalize their revised strategy.
- i. Jubilant Bhartia Foundation (JBF) is the CSR arm of the Jubilant Bhartia Group, an organization valued at over US\$3 billion with a presence in diverse sectors like pharmaceuticals and life sciences, food, oil and gas, agriculture, performance polymers, and retail and consulting services in the aerospace and oilfield industries. Under the MOU, JBF used the FP and MH campaign materials developed by IHBP in its Swasthya Prahari project in the Amroha and Gajraula districts, which cover 100,000 people in 34 villages. Under the MOU, JBF printed posters and leaflets developed by IHBP which are now being distributed by Swasthya Praharies and village-level workers/micro-entrepreneurs trained and enlisted by JBF. JBF also began its Arogya Project activity in the Jhajjar district of Haryana where a doctor in an ambulance makes rounds in rural areas to provide free medical treatment to the poor. The van is also distributing MH and FP leaflets to people in an effort to influence healthy behaviors under a Panasonic CSR project implemented by JBF. In Q4 of Year 4, JBF also began piloting the menstrual hygiene program in Gajraula, UP, and in Jhajjar district, Haryana.

- j. Project Ujjwal – Johns Hopkins Center for Communication Programs (JHUCCP), under the Reproductive Health and Family Planning Project for Bihar and Odisha funded by the UK Department of International Development, continued to conduct entertainment-education shows as a part of the contraceptive demand generation strategy in Bihar. The shows, titled *Khushi ka mantar* are using the slogan *Khushi ka mantar* slogan in their outreach to create demand for Ujjwal Clinics — a network of private fractional franchisee clinics — to scale-up availability of quality, affordable FP and RH services for women and men. From November onwards, JHUCCP will broadcast the *Khushi ka mantar* radio spots to broaden the reach of their program.

D. Hired PR Agency to Leverage Media

Based on the presumption that media can be significantly leveraged to create awareness about healthy behaviors, expand the reach and impact of current campaigns, and showcase efforts of the project and its partners, IHBP developed and released a Request for Proposals in November 2013 and invited bids from PR firms. The program received a total of seven bids from leading national PR agencies and awarded the contract to Weber Shandwick PR after a competitive bidding process in February 2014.

The activities included under the contract aimed to achieve in-serial placement of messages in regional and national television programs, develop and broadcast a TV series, form corporate and institutional partnerships, place by-lined articles and features in dailies and magazines, generate celebrity endorsements and relationships with production houses, and increase media coverage of project and partner activities. Success to date include:

- Negotiated a four-part series with Doordarshan and that will be produced and aired in October
- Sony, Colors, and Doordarshan agreed to place IHBP-supported messages in their popular serials; Sony and Colors have already done so.
- Recorded messages with four celebrities endorsing FP, MH, and the Taj Must Smile movement. Celebrities include Shaan, Gauhar Khan, Rohit Roy, and Mahima Choudhary/Twinkle Khanna. IHBP will use these video bytes and messages on the Facebook page and Twitter handle to create an online event to drive traffic to the Taj Must Smile microsite to garner support for the movement
- Completed three media placements: one each in DD National, Care World TV, and AIR. Additionally, AIR carried another message on the occasion of National Nutrition Week on September 5, 2014.
- Finished tie ups with CMSD
- Conducting ongoing partnership negotiations with NGO Chetnalaya
- Published several by-line articles in newspapers or general interest magazines
- Achieved 23 print clips, including eight print clips in tier-one dailies and 14 online
- Completed eight key opinion leader features

E. Organized and Participated in Private Sector Events

As a part of annual work plan activities and the overall private sector leveraging strategy, the project identified and evaluated private sector events such as seminars and conferences to participate in to showcase the work of the project and to explore potential partnerships that can result in leveraging.

In Year 4, IHBP identified and participated in or hosted the following events:

1. Global Health Conference on Social Marketing and Franchising in Kochi from Dec 3 to 5, 2013.
2. RISE Impact Summit and Expo, Dec 11–12, 2013, in Mumbai.
3. Conducted a workshop in partnership with PHDCCI, “Public Private Partnerships in Health Communication: Join the Taj Must Smile Movement,” at PHD House, New Delhi, on March 12, 2014.
4. Corporate Social Responsibility Summit, “Managing Risks while Building a Sustainable Future,” organized by CII in Gurgaon on June 20, 2014.
5. ASSOCHAMS launch of “Tuberculosis Awareness, Prevention & Wellness Programme – Getting to Zero Deaths from TB Program” in New Delhi on Aug 6, 2014. IHBP was designated as the Knowledge Partner and participated in/conducted two panel discussions and released two reports (TB Monograph outlining best practices on ACSM and the Operational handbook on ACSM) developed by the project for CTD, MOHFW. IHBP also developed and produced the program booklet “Forging Partnerships for Getting to Zero Deaths from TB – Strategies for Advocacy, Communication, Social Mobilization (ACSM) in Tuberculosis Awareness, Prevention and Wellness,” which also showcased the work of IHBP with public and private sector partners.
6. The first City-Level Sharing Group on Evidence-Based CSR organized by Community of Evaluators of South East Asia on May 29, 2014, in Mumbai.
7. RISE 2014 – Responsible Impact Summit and Expo at the World Trade Centre in Mumbai, September 11–13. IHBP conducted the media launch of the Taj Must Smile movement on September 12 as part of the event, resulting in 29 reports in dailies and coverage on eight news websites.

These events provided a good opportunity for the project to showcase its work, network with private sector leaders, and explore potential partnerships.

F. Provided TA to NRHM Haryana to Engage with the Private Sector

In Year 4, IHBP developed the strategic roadmap for NHM Haryana to solicit private-sector resources to fill the gaps in the state health system.

IHBP supported NHM Haryana and developed a brochure and a pitch presentation for approaching the private sector. As a part of the strategy, IHBP negotiated a partnership for NHM Haryana with CII Northern Region where corporate members of the trade and industry body could to invest in Haryana under their CSR mandate. However, the MOU drafted was not finalized and signed. IHBP also supported NHM Haryana in identifying and participating in industry conferences. Apart from a few successes (e.g., a partnership with RFC that resulted in CPSU donating a few ambulances).

G. Tracked Government-Sector Leverage

IHBP was quite successful in guiding state NRHMs to put resources behind mass media channels, mid-media, and IPC. States including Jharkhand and Chhattisgarh (and Haryana, Rajasthan, and UP to some extent) made use of the 360-degree campaigns and also expanded their campaigns' impact through opportunities like Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) passbooks, mobile and video outreach vans, and through innovative outdoor campaigns. States like Chhattisgarh and Rajasthan also programmed their funds around important dates such as Population Stabilization Week and International Menstrual Hygiene Day, but this was not used as a consistent strategy.

In Q4, Year 4, the state of Chhattisgarh continued to put resources behind the IHBP-developed PPIUCD, FP, and MH campaigns. They made investments to telecast the FP TV advertisements and printed IHBP-developed collateral campaign materials including stickers (27,000), wall paintings (300), back cover of MGNREGA passbooks (200,000), notebooks for FLWs (100,000), brochures (1,200,000), and permanent iron sign boards (three sets each in 93 state health facilities).

In the corresponding period, the state of Jharkhand earmarked budgets to focus on FP for a month commencing from World Population Day (July 11). One of the major challenges for the state was to minimize the unmet need for FP — almost 22.6% (AHS 2011) — and to roll out the FP 2020 program of GOI through a RMNCH+A framework. The state's FP cell, while designing its strategy and plan of action for the month-long agenda on FP, planned to use IHBP's campaign materials across the state. IHBP supported the state IEC Cell to develop campaign materials.

Additionally, the state programmed an outdoor campaign for MH, FP, and AH messages in 11 high-priority districts and a maternal and child tracking system with which they could send IHBP messages through SMS.

VII. IHBP's Year 4 Accomplishments

The following table provides a snapshot of IHBP's Year 4 accomplishments.

Performance Indicator	Indicator Definition	Type of Indicator	Target (Option Year)	Q4 Achievements	Cumulative Achievements	Additional Information
1. Number of local organizations provided with TA for institutional capacity building (including HIV-related institutional capacity building) implementing work plans developed with IHBP support	Number of divisions/ departments/states provided with TA for institutional strengthening/capacity building that are implementing work plans developed with IHBP support	Output	2	–	3	<ol style="list-style-type: none"> 1. IHBP team worked with the NIHFw on training of state IEC officers on SBCC. IHBP signed a new memorandum of understanding with NIHFw. 2. IHBP is providing ongoing TA to DAC to establish NHCRC and the DRC and build the SBCC capacity of NHCRC staff. 3. IHBP is providing ongoing TA to MOHFw on positioning IHBP staff, preparing the media plan for campaign roll out, and building capacity of government officials for strategic communication. The team is extending similar TA to eight states.
2. Resource center(s) operational to help support SBCC-related activities and training	Number of IHBP-supported resource centers that are operational	Output	2*	–	2	<ol style="list-style-type: none"> 1. The Nutrition Resource Platform is operational. 2. NHCRC was established and DRC is ready for testing.
3. Evidence-based campaigns developed by government agencies with direct support from IHBP TA	Number of MH, FP, TB, or HIV/AIDS campaigns developed by IHBP	Output	3	1	5	<ol style="list-style-type: none"> 1. Developed PPIUCD campaign (initiated during base period and completed in Year 4) 2. Developed menstrual hygiene campaign developed 3. Developed S&D campaign (initiated during base period and completed in Year 4) 4. Developed PPTCT campaign 5. Age at first pregnancy

Performance Indicator	Indicator Definition	Type of Indicator	Target (Option Year)	Q4 Achievements	Cumulative Achievements	Additional Information
4. Number of departments/states that adopt campaigns developed by IHBP (including FP, MH, and/or HIV)	IHBP will assist IEC Divisions of different states through the NRHM PIPs to adopt as many components of IHBP campaigns as feasible; IHBP will also assist DAC and SACS in adopting campaign activities.	Outcome	8	5	11	1. Uttarakhand – 1 (MH campaign: bus panel). 2. Gujarat – 2 (FP and MH campaign: poster and banner) 3. MOHFW – 1 (PPIUCD) 4. DAC – 2 (S&D and PPTCT) 5. Jharkhand-2 (PPIUCD and FP campaign materials during World Population Day) 6. Chhattisgarh-3 (FP, MH, and PPIUCD campaign materials)
5. SBCC components of training modules or curricula designed/ improved through TA from IHBP, with targeted government department approval and use	Number of IHBP-supported SBCC training modules in use	Output	7*	–	7	1. Module for ANM on community mobilization and IPC 2. Media training guide for CTD officials 3. Facilitator's Guide for SBCC Training 4. SBCC toolkit 5. M&E training module on SBCC 6. Facilitator's guide for M&E training module on SBCC 7. Guide and toolkit for communication planning and management on HIV

Performance Indicator	Indicator Definition	Type of Indicator	Target (Option Year)	Q4 Achievements	Cumulative Achievements	Additional Information
6. Number of health care workers that successfully complete an in-service training program within the reporting period (including training in the components of the World Health Organization (WHO) Stop TB strategy)	Number of participants trained at national and state levels on SBCC (including M&E for SBCC and components of the WHO Stop TB strategy)	Output	490	52	665	1. Training workshop on media engagement and advocacy, communication, and social mobilization in TB care and control = 33
	By Thematic area:					2. Training of District ASHA Coordinators and BEEs on SBCC, Haryana = 20
	(A) FP/MH		350	30	498	3. Training of health educators on SBCC/IPC (1st & 2nd batch: Himachal Pradesh) = 65
	(B) TB		20	22	55	4. Training of ASHA trainers on communication and IPC Haryana = 32
	(C) HIV/AIDS		120	-	112	5. National-level professional training on capacity building of IEC officers' SBCC skills = 25
	By Gender					6. Training of BCC consultant, NRHMs on communication and planning, Punjab = 26
	(D) Male		334	26	461	7. National-level professional training on capacity building of district media officers in SBCC skills, Assam and Uttarakhand = 48
	(E) Female		156	26	204	8. Follow-up workshop on SBCC for IEC officers, Chhattisgarh, Rajasthan, and Jharkhand = 51
						9. Training workshop on M&E of SBCC in health program, Raipur, Chhattisgarh = 30
						10. Master Training on Communication (HIV) = 14
						11. National-level training on Communication = 98
						12. Training workshop on M&E of SBCC in health program, Jaipur, Rajasthan = 35
						13. Training workshop on M&E of SBCC in health programs, Ranchim, Jharkhand = 32
						14. 5-day training of state/district- and block-level officials on SBCC, NHRM, Haryana = 42
						15. ANM Supervisors training, Haryana = 39
						16. SBCC training for Delhi IEC officials, NHRM = 18
						17. SBCC training for state IEC officials under Revised National TB Control Programme = 22
						18. National-level M&E training = 12

Performance Indicator	Indicator Definition	Type of Indicator	Target (Option Year)	Q4 Achievements	Cumulative Achievements	Additional Information
7. Percent of audience that recalls hearing or seeing a specific U.S. government (USG)-supported campaign message (includes FP/RH, MH, and HIV)	Numerator = number of targeted audience members who recall messages, Denominator = number of people interviewed that claim to be exposed to the campaign	Outcome	25% per campaign	-	41% (FP campaign in Chhattisgarh) 32% voluntary blood donation campaign	Numerator for FP/RH: 2,013,794 Denominator for FP/RH: 4,672,377
8. Number of information-gathering or research/evaluation activities conducted with USG assistance	Number of reviews/ research/evaluations conducted	Output	2	1	3	1. Reach and recall study in Chhattisgarh on FP campaign 2. Reach and recall study of the Voluntary Blood Donation campaign by DAC 3. Midline Capacity Assessment of states 4. Baseline report on S&D among health care providers
9. Innovative use of ICT applications	ICT applications developed	Output	4*	4	4	1. IVR-based mobile course to train frontline workers on PPIUCD 2. 9-minute mobile game on MH & FP 3. Social media-based campaign for DAC on S&D 4. mHealth application for TB
10. Number of new ICT/new media innovations piloted	ICT/new media innovation piloted	Output	1*	1	1	Pilot program: Using mHealth to engage with private Ayush and less technically qualified providers and improve access to quality TB care
11. Number of states that show at least a 15% increase in BCC budget allocation for IPC/mid-media	Number of states that increase BCC budget allocation for IPC/mid-media	Output	2	—	—	IHBP is analyzing PIP budgets and will report next quarter.

Performance Indicator	Indicator Definition	Type of Indicator	Target (Option Year)	Q4 Achievements	Cumulative Achievements	Additional Information
12. Number of states that develop improved structures for BCC/IEC (as demonstrated by clearly defined roles and responsibilities)	Number of states that show improved BCC/IEC systems/structures	Output	1	Work in progress	Work in progress	Will be fully documented next quarter
13. Number of states that develop communication plans	Number of states that develop communication plans	Output	2	2	2	Uttarakhand and Haryana developed communication plans.
14. Number of states with increased mean scores on the SBCC quality assessment tool from baseline to endline	Number of states with increased mean scores	Outcome	2	-	3	Improvement observed in Uttarakhand, Jharkhand and Chhattisgarh

VIII. Issues, Challenges, and Lessons Learned

Challenges of the Election Year

Year 4 of the program, October 2013–September 2014, coincided with the country's 16th national elections, held in May 2014. These much anticipated elections saw a change in the ruling party after 10 years, which meant that from the end of 2013 there was a slowdown in the decision making process, resulting in delays in planning and approvals on many important matters including the NHM-PIP process. IHBP initiatives, including advocating for SBCC, were affected despite closely relationships with the government. Even after the elections when the new government came into power, it took a while for the new ministries to start taking decisions on matters like PIPs, which should have been completed by March. The new government started to take action on PIPs in the month of September, a delay of approximately six months.

CTD

Media Training

In year 3, IHBP could only conduct one of three planned trainings on media management due to changes in leadership at CTD. Additionally, the lack of an IS Specialist – CTD prevented IHBP from completing a few of the planned activities in time. Because additional activities were planned in Year 4, IHBP could only organize one out of the two backlogged media trainings.

Urban ACSM Strategy

The change of leadership at CTD delayed finalization of the urban ACSM strategy. The strategy will be presented during the RNTCP Advisory Committee meeting in October but required revision due to the new program vision. CTD also requested that IHBP revisit the health communication strategy of 2005. The plan now is to integrate the urban ACSM strategy with the health communication strategy document.

mHealth Pilot

This activity, managed by partner PSI, was scheduled to commence in the third quarter of Year 3. There were delays in the launch, initially due to approvals from CTD on different aspects of concept development and later due to design problems with converting the intervention into a game. The audience perceived the game as less serious and something not to be played while at work. Therefore, PSI repositioned the intervention as a quiz instead of a game to ensure that users took it seriously.

Research and Evaluation

The planned studies conducted by PopCouncil were delayed due to multiple layers of technical and ethical approvals. FHI 360's Technical Review Committee and IRB approved One OR (mobile application) study, which PopCouncil and an Indian IRB also approved in Year 3. This study was initiated in August 2013 and concluded in March 2014. The report will be finalized in October. IHBP also implemented the second OR (SHGs) during the year. This study is being finalized and the report will be issued in November.

IX. Annexes

Annex I. IHBP Research Studies (October 2013–September 2014)

#	Title	Objective	Type of Research	Responsibility	Timeline
1	OR on male involvement in FP/MH through use of mobile phone	To assess the effectiveness of sending messages to males via mobile phone for increased spousal communication and male involvement in FP/MH	Quantitative	PopCouncil	Completed by Oct 2014
2	OR on community mobilization through social networks (SHGs)	To examine the effectiveness of using a social networking group to disseminate FP/MH related information to hard-to-reach and socially excluded populations in the community	Quantitative	PopCouncil	Completed by Nov 2014
3	Recall study of one campaign for MOHFW	The study will determine the percent of the target population who could recall the campaign and messages. It will also try to measure their intentions to act upon those messages.	Quantitative	IHBP/FHI 360	Completed: Recall Study of FP Campaign in Chhattisgarh
4	Recall study of one campaign for NACO or evaluation of any campaign for NACO	The study will determine the percent of the target population who could recall the campaign and messages. It will also try to measure their intentions to act upon those messages.	Quantitative	IHBP/FHI 360	Completed
5	Process evaluation of roll out of NACO campaign	The national/state-level implementation processes will be analyzed for further learning	Qualitative	IHBP/FHI 360	Not Completed: NACO is not interested
6	Process Evaluation of roll out of MOHFW campaign	The national/state-level implementation processes will be analyzed for further learning	Qualitative	IHBP/FHI 360	Completed

#	Title	Objective	Type of Research	Responsibility	Timeline
7	Budget and PIP analysis of states: IEC activities	State PIPs and budgets will be analyzed to understand any changes over time	Quantitative	IHBP/FHI 360	Oct 2014
8	Situational analysis of additional campaign	To provide insight for the proposed campaign	Qualitative	IHBP/FHI 360	Completed for Age at First Birth
9	Capacity assessment on communication-Post test	To understand the effect of system strengthening through IHBP in state-level IEC Bureau/Cell	Quantitative	IHBP/FHI 360	Mid-term Assessment Completed

Annex II. List of Consultants (October 2013–September 2014)

List of Consultants - NACO					
S.No	Name	Position	Division	Contract Start date	Contract End date
1	Dr. Vasanthi Krishnan	National Coordinator	NHCRSC-NACO	February 4, 2013	Aug 29, 2014
2	Ms. Aprajita Ray	Manager – Communication Planning & Support	NHCRSC-NACO	May 13, 2013	Oct 15, 2014
3	Mr. Sreenu Yarragarla	ICT Officer	NHCRSC-NACO	February 6, 2013	Oct 15, 2014
4	Ms. Komolika Dutta	Documentation Officer	NHCRSC-NACO	April 8, 2013	Aug 17, 2014
5	Mr. Ajay Prakash	Technical Officer – R & E	NHCRSC-NACO	May 1, 2013	Oct 15, 2014
6	Ms. Simerneet Bajwa	Technical Officer – Mass Media	NHCRSC-NACO	May 6, 2013	Oct 15, 2014
7	Ms. Kaniz Muzeena	Capacity Building Officer	NHCRSC-NACO	June 19, 2013	July 18, 2014
8	Mr. Rajesh Rana	Account Director Media	IEC Div - NACO	September 25, 2012	Oct 15, 2014
9	Ms. Paankhuri Mathur	Technical Officer – Content Development	NHCRSC-NACO	July 22, 2013	May 08, 2014
10	Mr. Chandramouli Mukerji	BCC Consultant – NPO	IEC Division	August 5, 2013	Oct 15, 2014
11	Mr. Ravi Shankar Bhushan	BCC Product Sourcing Officer	NHCRSC-NACO	January 03, 2014	Oct 15, 2014
12	Ms. Surabhi Mishra	Repository Manager	NHCRSC-NACO	January 21, 2014	Oct 15, 2014
13	Ms. Lalnunmawii Pachuau	Regional Communication Officer, Guwahati	IEC Division	May 01, 2014	Oct 15, 2014
14	Kulandai Raj	Regional Communication Officer, Karnataka	IEC Division	May 21, 2014	Oct 15, 2014
15	Ranjeet Samaiyar	Regional Communication Officer, Bihar	IEC Division	June 05, 2014	Oct 15, 2014
16	Ms. Shilpi Jain	Social Media Manager	NHCRSC-NACO	July 02, 2014	Oct 15, 2014
17	Ms. Archana Doshi	Regional Communication Officer, Maharashtra	IEC Division	August 13, 2014	Oct 15, 2014
List of Consultants - CTD & IEC Division					
18	Mr. Sanjeev Jain	Consultant – CTD	CTD Division	February 11, 2013	Feb 24, 2014
19	Mr. Amit Chakaverty	Consultant – M & E	IEC Division	February 12, 2013	Jan 09, 2014
20	Mr. Satish Kumar	Consultant – BCC	IEC Division	December 3, 2012	Nov 07, 2014
21	Ms Nishu Choudhary	Consultant – Media Planning	IEC Div - MOHFW	September 16, 2013	June 26, 2014
22	Ms. Emily Samuel	Consultant – BCC Capacity Building	RCH Div - MoHFW	Jan 09, 2014	Aug 24, 2014
23	Ms. Anukampa	ACSM-CTD	CTD	March 28,	Nov 07, 2014

	Sangwan		Division	2014	
24	Dr. Pooja Passi	National Consultant – IEC/ BCC PIP Review for NHM	RCH Div - MoHFW	February 21, 2014	Nov 07, 2014
25	Dr. Sanjeev Kumar	Tech Cons – Health Comm Strategy	CTD Division	July 25, 2014	Oct 30, 2014
26	Dr. Subhash Yadav	Technical Advisor – TB	CTD Division	February 11, 2013	July 31, 2013
27	Ms. Sunita Arora	Consultant BCC Cap Building	IEC Division	November 29, 2012	March 08, 2013
28	Ms. Geetanjli Agarwal	Consultant New Media	IEC Division	July 21, 2014	Nov 07, 2014

List of Consultants - MOWCD

29	Mr. Mukesh Kumar	Chief Coordinator – NRP	NIPCCD	October 15, 2012	Oct 15, 2014
30	Ms. Jasmeet Kaur	Technical Consultant – NRP	MOWCD	July 15, 2013	Nov 07, 2014
31	Mr. Dinesh Kr. Chhoker	Technical Consultant – NRP (Short term)	MOWCD	Nov 12, 2013	Jan 31, 2014
32	Ms. Neetu Singh	Technical Consultant – NRP	NIPCCD	December 17, 2012	Feb 12, 2013

List of Consultants - IHBP Independent

33	Dr. J S Yadav	Consultant – ACSM	ACSM	October 10, 2012	Sept 30, 2014
34	Ms. Kavita Sharma	Technical Editor	IHBP	October 10, 2012	Nov 07, 2014
35	Mr. Partha Majee	Consultant Sr. Art Director	IHBP	December 13, 2013	Nov 07, 2014
36	Ms. Tanushree Dey	Consultant Jr. Art Director	IHBP	December 18, 2013	Nov 07, 2014
37	Dr. Vishal D Shastri	Consultant – BCC	IHBP	March 10, 2014	April 30, 2014
38	Ms. Nandini Johri	Consultant – BCC	IHBP	November 29, 2012	March 31, 2013
39	Ms. Saroj Dhingra	Consultant – Urban ACSM	IHBP	January 17, 2013	Aug 31, 2013
40	Ms. Karon Shaiva	Consultant – Leveraging	IHBP	April 15, 2013	Sept 30, 2013

List of Consultants - NIHFW

41	Mr. Manoj Varghese	Consultant – Resource Centre	NIHFW	October 4, 2013	Oct 15, 2014
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